
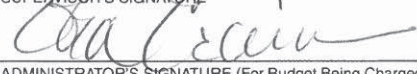


## Clark County School District MILEAGE/TRAVEL/EXPENSE CLAIM

See Instructions On Reverse Side

EMPLOYEE NAME William Skorkowsky					
CONTACT NAME/PHONE # Elizabeth Carrero - 799-5310			PERSONNEL IDENTIFICATION NUMBER [REDACTED]		WORK LOCATION CODE 001
MAILING ADDRESS (Checks will not be mailed to a School District address.) (Must agree with the address as it appears on your payroll stub.) [REDACTED]					
PURPOSE OF TRAVEL OR EXPENSE NASS Meeting and Connecting the Dots Parent Engagement Summit, Reno, NV - March 12-13, 2014					
<b>CLASSIFICATION:</b> <input checked="" type="checkbox"/> Travel <input type="checkbox"/> Other Expense <input type="checkbox"/> Travel Advance <input type="checkbox"/> Accumulated travel, normal duties, for the month of _____, 20_____ <input checked="" type="checkbox"/> Special trip (out of county) LEAVE (time, date) _____ RETURN (time, date) _____					
DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE	PER DIEM	DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
3/12/14	Airfare - Southwest Airlines		330.00		
3/12/14	Lodging - Grand Sierra Resort & Casino		89.25		
3/13/14	Car Rental - Hertz:		106.07		
3/13/14	Parking - McCarran Int'l Airport:		92.00		
<b>TOTALS</b>		\$0.00	\$617.32	\$0.00	0.00
56 cents per mile x _____ 0.00 = _____ \$0.00					
Cost Center, Internal Order, Grant, WBS (Select One)		Fund	G/L Account	Functional Area*	
1010001001		100	5580000000		
<b>PLEASE PRINT NAME BESIDE SIGNATURE</b>					
EMPLOYEE'S SIGNATURE 		DATE 3/18/14	AMT. REQUESTED IN ADVANCE \$ 0.00		
SUPERVISOR'S SIGNATURE 		DATE 4-2-14	AMT. CLAIMED (ATTACH RECEIPTS) \$ 0.00		
ADMINISTRATOR'S SIGNATURE (For Budget Being Charged)		DATE	BALANCE DUE EMPLOYEE \$ 0.00		
			BALANCE DUE CCSD \$ 0.00		

**NOTE:** In all cases of payment the employee's **Personnel Identification Number** is required before payment can be issued. **CCSD**  
 060 \*Functional Area is only required when using an Internal Order or Grant. CLARK COUNTY SCHOOL DISTRICT