

Clark County School District MILEAGE/TRAVEL/EXPENSE CLAIM

See Instructions On Reverse Side

EMPLOYEE NAME William Skorkowsky									
CONTACT NAME/PHONE # Elizabeth Carrero - 702-799-5310			PERSONNEL IDENTIFICATION NUMBER				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.) 5100 West Sahara Avenue, Las Vegas, Nevada 89146									
PURPOSE OF	TRAVEL OR EXPENSE Association of School Superintendents(NASS)		tings wit	th Legisla	ators	s (Legislative	Session) Ma	arch 7-9	
CLASSIFICATION:				e Travel Advance					
Accumulated travel, normal duties, for the month of				, 20					
✓ Special trip (out of county) LEAVE (time, date) 8:00 a.m., 03/07/17RETURN (time, date) 8:15 a.m., 03/09/17									
DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE			PER CREDIT CARD DIEM CHARGES		CREDIT CARD	OTHER EXPENSES	OWN CAR MILES	
3/7/17	Airfare - Southwest					403.88			
3/7/17	Lodging - Holiday Inn					132.09			
3/8/17	Lodging - Atlantis					135.33		-	
3/7/17	Car Rental - Hertz		1200			192.99			
		- deserve							
		19,100		61/100					
							-		
					-				
				***	_				
						14/440			
	TOTALS			\$0.00		\$864.29	\$0.00	0.00	
	53.5 cents per mile x = _		\$0.00						
Cost Center, Internal Order, Grant, WBS (Select One)			Fu	und G/L		L Account	Functional Area*		
1010001001			10	100 5		580000000 F10002320		2320	
PLEASE PI	RINT NAME BESIDE SIGNATURE	, i de college							
Pat Skorkowsky SUPERVISOR'S SIGNATURE ADMINISTRATOR'S SIGNATURE (For Budget Being Charged) DATE DATE DATE DATE				17		AMT. REQUESTED IN ADVANCE \$			
						AMT. CLAIMED (ATTACH RECEIPTS) \$			
						BALANCE DUE EMPLOYEE \$			
						BALANCE DUE CCSD \$			

NOTE: In all cases of payment the employee's Personnel Identification Number is required before payment can be issued.

Functional Area is only required when using an Internal Order or Grant.

CSD **CLARK COUNTY SCHOOL DISTRICT

