Clark County School District MILEAGE/TRAVEL/EXPENSE CLAIM

CCF-174 Rev. 1/16

See Instructions On Reverse Side

EMPLOYEE N William S	iame Skorkowsky								
CONTACT NAME/PHONE # Elizabeth Carrero - 702-799-5310				PERSONNEL IDENTIFICATION NUMBER				WORK LOCATION CODE	
5100 We	RESS (Checks will not be mailed to a set Sahara Avenue, Las V	School District address.) (Must ag /egas, Nevada 89146	pree with the a	iddress as it a	appears on ye	our pay	vroll stub.)		
	TRAVEL OR EXPENSE Association of School Su	perintendent(NASS)/	Nevada	Associat	ion of S	choc	Boards (NA	SB) Conf., R	leno, NV
CLASSIFICATION: CLASSIFICATION: Other Expense					Travel Advance				
Accumulated travel, normal duties, for the month of					, 20 RETURN (time, date) _9:30 a.m., 11/18/16				
DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE				PER		DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
11/17/16	Airfare - Southwest				DIEN		370.97	LAPENSES	MILES
11/17/16	Lodging - Atlantis Casino Resort						79.97		
11/17/16	7/16 Registration - Nevada Association of School Boards							265.72	
	(Paid by Check through P.O. #3000527618)								
11/17/16	Car Rental - Hertz								
11/11/10							45.19		
	TOTALS				\$0.00		\$496.13	\$265.72	0.00
Cast Cast	54 cents per mile x		No. of Concession	\$0.00					
Cost Center, Internal Order, Grant, WBS (Select One)				Fu	und G/		L Account	Functional Area*	
1010001001 10					00	558000000		F10002320	
EMPLOYEE'S SI		RE		DATE					
Pat Skorkowsky 12				DATE	116		AMT. REQUESTED IN ADVANCE	\$	0.00
SUPERVISOR'S SIGNAFORE DATE DATE					(AMT. CLAIMED (ATTACH RECEIPTS	5) \$	0.00
ADMINISTRATOR'S SIGNATURE (For Budget Being Charged)					1K		BALANCE DUE EMPLOYEE	\$	0.00
$ \bigcirc $							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 • *Functional Area is only required when using an Internal Order or Grant.