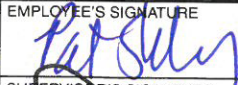
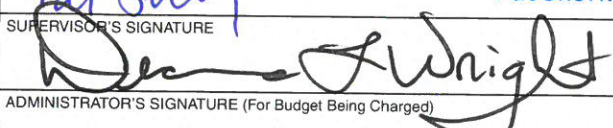


Clark County School District
MILEAGE/TRAVEL/EXPENSE CLAIM

See Instructions On Reverse Side

CCF-174
Rev. 1/17

EMPLOYEE NAME William Skorkowsky					
CONTACT NAME/PHONE # Elizabeth Carrero - 702-799-5310			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.) 5100 West Sahara Avenue, Las Vegas, Nevada 89146					
PURPOSE OF TRAVEL OR EXPENSE NV Association of School Superintendents Meeting, NV Association of School Boards Conference, Nov. 16-19, 2017					
CLASSIFICATION: ☒ Travel ☐ Other Expense ☐ Travel Advance ☐ Accumulated travel, normal duties, for the month of _____, 20____ ☒ Special trip (out of county) LEAVE (time, date) 9:30 a.m., 11/16/17 RETURN (time, date) 8:20 a.m., 11/19/17					
DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE	PER DIEM	DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
11/16/17	Airfare - Southwest		239.96		
11/16/17	Lodging - Atlantis		432.88		
11/16/17	Registration - Nevada Association of School Boards (Paid by Check through PO#3000580191/1)			269.50	
11/16/17	Car Rental - Hertz		152.63		
TOTALS		\$0.00	\$825.47	\$269.50	0.00
53.5 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	F10002320	
PLEASE PRINT NAME BESIDE SIGNATURE					
EMPLOYEE'S SIGNATURE 		DATE 11/21/17	AMT. REQUESTED IN ADVANCE \$ 0.00		
SUPERVISOR'S SIGNATURE 		DATE 11/28/17	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.
 *Functional Area is only required when using an Internal Order or Grant.