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 #	PERSONNEL IDENTIFICATION NUMBER	WORK LOCATION CODE
Elizabeth Carrero - 702-799-5310	[redacted]	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			269.50	
	(Paid by Check through PO#3000580191/1)				
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 Pat Skorkowsky DATE 11/21/17

SUPERVISOR'S SIGNATURE DATE 11/28/17

ADMINISTRATOR'S SIGNATURE (For Budget Being Charged) DATE

AMT. REQUESTED IN ADVANCE	$	0.00
AMT. CLAIMED (ATTACH RECEIPTS)	$	0.00
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.

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

CCSD CLARK COUNTY SCHOOL DISTRICT