
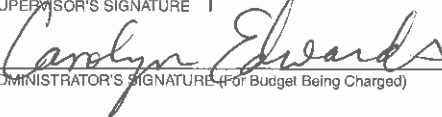


**Clark County School District  
MILEAGE/TRAVEL/EXPENSE CLAIM**

CCF-174  
Rev. 01/13

See Instructions On Page 3

<b>EMPLOYEE NAME</b> William Skorkowsky					
<b>CONTACT NAME/PHONE #</b> Elizabeth Carrero / 799-5310			<b>PERSONNEL IDENTIFICATION NUMBER</b> [REDACTED]		<b>WORK LOCATION CODE</b> 001
<b>MAILING ADDRESS</b> (Checks will not be mailed to a School District address.) (Must agree with the address as it appears on your payroll stub.) [REDACTED]					
<b>PURPOSE OF TRAVEL OR EXPENSE</b> Nevada Association of School Superintendents (NASS) Meeting; Elko, Nevada; October 2-3, 2013					
<b>CLASSIFICATION:</b>					
<input type="checkbox"/> <b>Travel</b> <input type="checkbox"/> <b>Other Expense</b> <input type="checkbox"/> <b>Travel Advance</b> <input type="checkbox"/> Accumulated travel, normal duties, for the month of _____, 20_____ <input checked="checked" type="checkbox"/> Special trip (out of county)    LEAVE (time, date) <u>6:45 p.m.; 10/2/13</u> RETURN (time, date) <u>3:24 p.m.; 10/3/13</u>					
<b>DATE</b>	<b>DESCRIPTION OF TRAVEL and/or OTHER EXPENSE</b>	<b>PER DIEM</b>	<b>DISTRICT CREDIT CARD CHARGES</b>	<b>OTHER EXPENSES</b>	<b>OWN CAR MILES</b>
10/2/13	Airfare - Delta Airlines		569.80		
10/2/13	Hilton Garden Inn - lodging, one night		144.48		
10/2/13	Hertz - rental car		65.92		
10/3/13	McCarran Airport - parking		28.00		
<b>Page 1 TOTALS</b>		\$0.00	\$808.20	\$0.00	0.00
<b>Page 2 TOTALS</b>		0.00	0.00	0.00	0.00
<b>TOTALS</b>		\$0.00	\$808.20	\$0.00	0.00
<b>56.5 cents per mile x</b> <u>0.00</u> <b>=</b> <u>\$0.00</u>					
<b>Cost Center, Internal Order, Grant, WBS (Select One)</b>		<b>Fund</b>	<b>G/L Account</b>	<b>Functional Area*</b>	
1010001001		1000000000	5580000000		
<b>PLEASE PRINT NAME BESIDE SIGNATURE</b>					
<b>EMPLOYEE'S SIGNATURE</b> 		<b>DATE</b> <u>10/18/13</u>	<b>AMT. REQUESTED IN ADVANCE</b> \$ <u>0.00</u>		
<b>SUPERVISOR'S SIGNATURE</b> 		<b>DATE</b> <u>10-18-13</u>	<b>AMT. CLAIMED (ATTACH RECEIPTS)</b> \$ <u>0.00</u>		
<b>ADMINISTRATOR'S SIGNATURE (For Budget Being Charged)</b>		<b>DATE</b>	<b>BALANCE DUE EMPLOYEE</b> \$ <u>0.00</u>		
			<b>BALANCE DUE CCSD</b> \$ <u>0.00</u>		

**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.

