

CCF-174
Rev. 01/13

Clark County School District
MILEAGE/TRAVEL/EXPENSE CLAIM
See Instructions On Page 3

EMPLOYEE NAME William Skorkowsky		
CONTACT NAME/PHONE # ELizabeth Carrero / 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.) [REDACTED]		
PURPOSE OF TRAVEL OR EXPENSE Nevada Association of School Superintendents (NASS) Meeting; Elko, Nevada; October 2-3, 2013		
CLASSIFICATION: <input type="checkbox"/> Travel <input type="checkbox"/> Other Expense <input type="checkbox"/> Travel Advance <input type="checkbox"/> Accumulated travel, normal duties, for the month of _____, 20____ <input 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>		

DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE	PER DIEM	DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES
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		
Page 1 TOTALS		\$0.00	\$808.20	\$0.00	0.00
Page 2 TOTALS		0.00	0.00	0.00	0.00
TOTALS		\$0.00	\$808.20	\$0.00	0.00
56.5 cents per mile x 0.00 = \$0.00					

Cost Center, Internal Order, Grant, WBS (Select One)	Fund	G/L Account	Functional Area*
1010001001	1000000000	5580000000	

PLEASE PRINT NAME BESIDE SIGNATURE			
EMPLOYEE'S SIGNATURE 	DATE 10/18/13	AMT. REQUESTED IN ADVANCE	\$ 0.00
SUPERVISOR'S SIGNATURE 	DATE 10-18-13	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. **CCSD**
CLARK COUNTY SCHOOL DISTRICT
 060 *Functional Area is only required when using an Internal Order or Grant.