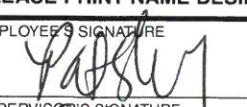
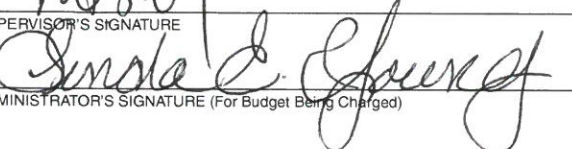


Clark County School District
MILEAGE/TRAVEL/EXPENSE CLAIM
 See Instructions On Reverse Side

| 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.) 5100 West Sahara Avenue, Las Vegas, Nevada 89146 | | | | | |
| PURPOSE OF TRAVEL OR EXPENSE Meeting with Legislators, Carson City, Nevada | | | | | |
| CLASSIFICATION: <input checked="" 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) 5:15 a.m., April 22, 2015 RETURN (time, date) 6:55 p.m., April 22, 2015 | | | | | |
| DATE | DESCRIPTION OF TRAVEL and/or OTHER EXPENSE | PER DIEM | DISTRICT CREDIT CARD CHARGES | OTHER EXPENSES | OWN CAR MILES |
| 4/22/15 | Airfare - Southwest | | 56.80 | | |
| | (Cost of Ticket \$424.00 Minus | | | | |
| | Credit Funds #8CBZBZ in the amount of \$367.20) | | | | |
| 4/22/15 | Car Rental - Hertz | | 55.50 | | |
| 4/22/15 | Parking - McCarran Int'l Airport | | 20.00 | | |
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| TOTALS | | \$0.00 | \$132.30 | \$0.00 | 0.00 |
| 57.5 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 4/28/15 | AMT. REQUESTED IN ADVANCE \$ 0.00 | | |
| SUPERVISOR'S SIGNATURE  | | DATE 5-7-15 | 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.
 060 *Functional Area is only required when using an Internal Order or Grant.