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

See Instructions On Reverse Side

EMPLOYEE NA William S	AME Korkowsky							
CONTACT NAME/PHONE # Elizabeth Carrero - 799-5310		ERSONNEL IDENTIFICATION NUMBER				WORK LOCATION CODE 001		
	RESS (Checks will not be mailed to a School District address.) (Must agree with the a st Sahara Avenue, Las Vegas, Nevada 89146	address as it ap	opears on you	ır payr	oll stub.)			
PURPOSE OF	TRAVEL OR EXPENSE Association of School Boards (NASB) 2015 Annual Co	nference	, Reno, I	Neva	ada, Novemb	er 20-22, 20	15	
CLASSIFICATION: ☐ Other Expense				☐ Travel Advance				
Accumulated travel, normal duties, for the month of				, 20				
✓ Speci	ial trip (out of county) LEAVE (time, date) 6:00 a.m., 11/20/15	R	ETURN (tim	ne, da	te) <u>11:15 a.m</u>	., 11/22/15		
DATE	DESCRIPTION OF TRAVEL and/or OTHER EXPENSE		PER DIEM		DISTRICT CREDIT CARD CHARGES	OTHER EXPENSES	OWN CAR MILES	
11/20/15	Airfare - Southwest				200.00			
11/20/15	Lodging - Atlantis				227.74			
11/20/15	Registration - Nevada Association of School Boards					264.17		
	(Paid by Check through P.O. # 3000474360)							
11/20/15	Car Rental - Hertz				133.12			
						18 - 1 19	11.82	
	TOTALS		\$0	.00	\$560.86	\$264.17	0.00	
	<b>57.5 cents per mile x</b> =	\$0.00						
Cost Center, Internal Order, Grant, WBS (Select One)		Fu	ind G/		L Account Functional Area*		ıl Area*	
1010001001			00 55800		580000000	F10002320		
PLEASE PR	INT NAME BESIDE SIGNATURE							
EMPLOYEE'S SIGNATURE  Pat Skorkowsky  (4.24)				AMT. REQUEST IN ADVANCE		\$	0.00	
SUPERVISOR'S SIGNATURE DATE					AMT. CLAIMED (ATTACH RECEIPT:	S) \$	0.00	
ADMINISTRATOR'S SIGNATURE (For Budget Being Phaged)  ADMINISTRATOR'S SIGNATURE (For Budget Being Phaged)  DATE					BALANCE DUE EMPLOYEE	\$	0.00	
	O				BALANCE DUE CCSD	\$	0.00	