



**Washoe County School District
Travel Expense Claim
(Trip Summary and Reconciliation)**

Employee Name: Traci Davis			
Contact Name/Phone # Tami Covington/775-789-4645	Employee Number:	Responsibility Center (RC Code): 074	
Mailing Address (Checks will not be mailed to a school district address).			
Purpose of Travel or Expense: AASA CIS and CASEL Superintendent Round table February 13 to 17 2018 in Nashville TN			
Classification: <input checked="" type="checkbox"/> Travel <input type="checkbox"/> Other Expense			
Month: February	Year: 2018	Leave (time, date): February 13, 2018	Return (time, date): February 17, 2018

Date(s)	Description of Travel or Expense	Per Diem	District Credit Card Charges	Expense Amount
2/13/18	Airfare- Southwest Departing Flight (AASA to reimburse cost)		214.03	
2/17/18	Airfare- Southwest Returning Flight (AASA to reimburse cost)		214.03	
2/13-2/17 2018	Hotel- The Westin Nashville- Conference Hotel (AASA to reimburse a portion of cost)		1250.08	
2/13-2/17 2018	Conference Registration Fee (AASA to reimburse cost)		790.00	
2/13/18	Meals	41.00		
2/14/18	Meals	41.00		
2/15/18	Meals	18.00		
2/16/18	Meals	30.00		
2/17/18	Meals	41.00		
2/13/18	Taxi (AASA to reimburse for a portion of cost from airport)		59.50	
2/14/18	Taxi	5.00		
2/15/18	Taxi	19.10		
2/16/18	Taxi	6.15	16.10	
2/17/18	Taxi (AASA to reimburse for a portion of cost to airport)		94.38	
3/28/18	Reimbursement from AASA redeposited back into Superintendent's Account			-1801.09
4/11/18	Reimbursement from AASA redeposited back into Superintendent's Account			-1000.00
	AASA (The School Superintendents Association)			
	** CIS Student Supports Community of Practice**			
	CASEL (Collaborative for Academic, Social and Emotional Learning)			
	TOTALS	201.25	2,638.12	-2,801.09

Budget to be Charged: 10-000-2321-65800-074-0000	Budget to be Charged (for split funding):
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Amount Claimed (attach receipts):	Balance Due Employee: 201.25	Balance due WCSD: 0
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Claimant Name: Traci Davis	Claimant Signature:	Date:
Department Head Name:	Department Head Signature:	Date:
Grant Program Approval (if required)	Signature:	Date: