



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

Employee Name: <b>Traci Davis</b>			
Contact Name/Phone # <b>Tami Covington/775-789-4645</b>	Employee Number:	Responsibility Center (RC Code): <b>074</b>	
Mailing Address (Checks will not be mailed to a school district address).			
Purpose of Travel or Expense: <b>NASS Meeting in conjunction with 2018 Western Regional Forum/College Board Jan 31-Feb 1 2018 in Las Vegas NV</b>			
Classification: <input checked="" type="checkbox"/> Travel <input type="checkbox"/> Other Expense			
Month: <b>Jan/Feb</b>	Year: <b>2018</b>	Leave (time, date): <b>January 31, 2018</b>	Return (time, date): <b>February 1, 2018</b>

Date(s)	Description of Travel or Expense	Per Diem	District Credit Card Charges	Expense Amount
1/31/18	Airfare- Southwest Departing flight		96.48	
2/1/18	Airfare- Southwest- Returning flight- last flight out to avoid additional hotel costs		267.49	
1/31-2/1	Hotel-Red Rock Resort Conference Hotel \$192.10 (College Board covered cost)		-192.10	
1/31-2/1	Registration fee for Western Regional Forum \$200 (College Board covered cost)		-200.00	
1/31-2/1	Parking fee during conference		45.00	
	**NASS (Nevada Association of School Superintendents)**			
<b>TOTALS</b>		0.00	16.87	0.00

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