



**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>AASA Executive Committee Meeting Sept 27 &amp; 28 2018 Indianapolis, IN</b>			
Classification: <input checked="" type="checkbox"/> Travel <input type="checkbox"/> Other Expense			
Month: <b>September</b>	Year: <b>2018</b>	Leave (time, date): <b>9/27/18</b>	Return (time, date): <b>9/28/18</b>

Date(s)	Description of Travel or Expense	Per Diem	District Credit Card Charges	Expense Amount
9/27-9/28	Airfare- Southwest billed to personal credit card			1159.14
9/27-9/28	Hotel- Omni Hotel- Conference Hotel - Cost Unknown booked by AASA			
9/28/18	Meals	42.00		
	**Airfare and hotel costs reimbursed by AASA **			
<b>TOTALS</b>		42.00	0.00	1,159.14

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): <b>42.00</b>	Balance Due Employee: <b>42.00</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: