



**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>Big Picture Learning Conference July 23-26 2018 Atlanta, GA.</b>			
Classification: <input checked="" type="checkbox"/> Travel <input type="checkbox"/> Other Expense			
Month: <b>July</b>	Year: <b>2018</b>	Leave (time, date): <b>July 24, 2018</b>	Return (time, date): <b>July 26, 2018</b>

Date(s)	Description of Travel or Expense	Per Diem	District Credit Card Charges	Expense Amount
7/24	Airfare- Southwest		321.18	
7/24-7/26	Hotel- Hyatt Atlanta- Conference Hotel		552.02	
7/24	Meals	23.25		
7/25	Meals	31.00		
7/26	Meals	36.00		
7/26	Airfare- Southwest		189.30	
<b>TOTALS</b>		90.25	1,062.50	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): <b>90.25</b>	Balance Due Employee: <b>90.25</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: