



**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: Meetings with Legislative and CCSD Personnel Sept 7 2018 Las Vegas, NV.			
Classification: <input checked="" type="checkbox"/> Travel <input type="checkbox"/> Other Expense			
Month: September	Year: 2018	Leave (time, date): 9/7/18	Return (time, date): 9/7/18

Date(s)	Description of Travel or Expense	Per Diem	District Credit Card Charges	Expense Amount
9/7	Airfare- Southwest		415.96	
9/7	Meals	44.25		
9/7	Parking fee		53.00	
TOTALS		44.25	468.96	0.00

Budget to be Charged: 10-000-2321-65800-074-0000	Budget to be Charged (for split funding):
--	---

Amount Claimed (attach receipts): 44.25	Balance Due Employee: 44.25	Balance due WCSD: 0
---	---------------------------------------	-------------------------------

Claimant Name: Traci Davis	Claimant Signature:	Date:
Department Head Name:	Department Head Signature:	Date:
Grant Program Approval (if required)	Signature:	Date: