



**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 Monthly meeting October 21 to 22 2018 Las Vegas NV</b>			
Classification: <input checked="" type="checkbox"/> Travel <input type="checkbox"/> Other Expense			
Month: <b>October</b>	Year: <b>2018</b>	Leave (time, date): <b>10/21/18</b>	Return (time, date): <b>10/22/18</b>

Date(s)	Description of Travel or Expense	Per Diem	District Credit Card Charges	Expense Amount
10/21-10/22	Airfare- Southwest		247.96	
10/21-10/22	Hotel - Hyatt		295.92	
10/21/18	Meals	45.75		
10/22/18	Meals	45.75		
10/21-10/22	Parking fee		23.00	
	** Nevada Association of School Superintendents (NASS)**			
<b>TOTALS</b>		91.50	566.88	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>91.50</b>	Balance Due Employee: <b>91.50</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: