



**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: NASS (Nevada Association of School Superintendents) Monthly meeting and meetings with CCSD Personnel December 5 - 7 2018 in Las Vegas NV.			
Classification: <input checked="" type="checkbox"/> Travel <input type="checkbox"/> Other Expense			
Month: December	Year: 2018	Leave (time, date): December 5, 2018	Return (time, date): December 7, 2018

Date(s)	Description of Travel or Expense	Per Diem	District Credit Card Charges	Expense Amount
12/5	Airfare- Southwest departure flight		213.75	
12/7	Airfare- Southwest returning flight		213.75	
12/5-12/7	Hotel- Venetian/Palazzo		372.46	
12/5-12/7	Transportation- car rental WCSD rate		158.12	
12/5	Meals	42.00		
12/6	Meals	42.00		
12/7	Meals	42.00		
TOTALS		126.00	958.08	0.00

Budget to be Charged: 10-000-2321-65800-074-0000	Budget to be Charged (for split funding):
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Amount Claimed (attach receipts):	Balance Due Employee: 126.00	Balance due WCSD: 0
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Claimant Name: Traci Davis	Claimant Signature:	Date:
Department Head Name:	Department Head Signature:	Date:
Grant Program Approval (if required)	Signature:	Date: