



**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>National Skills USA Student Competition June 27-29 2018 Louisville, KY.</b>			
Classification: <input checked="" type="checkbox"/> Travel <input type="checkbox"/> Other Expense			
Month: <b>June</b>	Year: <b>2018</b>	Leave (time, date): <b>June 27, 2018</b>	Return (time, date): <b>June 29, 2018</b>

Date(s)	Description of Travel or Expense	Per Diem	District Credit Card Charges	Expense Amount
6/27-6/29	Airfare- Southwest \$691.10 used airline credits final bill \$135.00		135.00	
6/27-6/29	Hotel- Hyatt Convention Hotel		995.88	
6/27	Meals	40.50		
6/28	Meals	54.00		
6/29	Meals	40.50		
<b>TOTALS</b>		135.00	1,130.88	0.00

Budget to be Charged: <b>10-000-2321-65800-074-0000</b>	Budget to be Charged (for split funding): <b>Signature paid for Airfare only \$135</b>
------------------------------------------------------------	-------------------------------------------------------------------------------------------

Amount Claimed (attach receipts): <b>135.00</b>	Balance Due Employee: <b>135.00</b>	Balance due WCSD: <b>0</b>
----------------------------------------------------	----------------------------------------	-------------------------------

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