



**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: Public Education Foundation Graduation Ceremony October 5, 2018 Las Vegas, NV.			
Classification: <input checked="" type="checkbox"/> Travel <input type="checkbox"/> Other Expense			
Month: October	Year: 2018	Leave (time, date): 10/5/18	Return (time, date): 10/5/18

Date(s)	Description of Travel or Expense	Per Diem	District Credit Card Charges	Expense Amount
10/5/18	Airfare- Southwest		264.95	
10/5/18	Meals	45.75		
10/5/18	Transportation		88.29	
TOTALS		45.75	353.24	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): 45.75	Balance Due Employee: 45.75	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: