

## Washoe County School District Travel Expense Claim (Trip Summary and Reconciliation)

Employee N								
Traci Da								
	ame/Phone #	Emplo			•	esponsibility Center (RC Code):		
	ovington/775-789-4645					74		
Mailing Address (Checks will not be mailed to a school district address).								
Purpose of Travel or Expense:								
RTM Innovation West Forum Sept 30 to Oct 2 in San Diego, CA.								
Classification:  Travel  Other Expense								
Month:	Year:				Return (time	, date):		
Sept/Oct	t 2018	9/30/18	9/30/18   10			0/2/18		
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Date(s)	Descripti	ion of Travel	of Travel or Expense		Per	District	Expense	
					Diem	Credit Card	Amount	
0/20 10/2	Airform Courthweat					Charges		
9/30-10/2					523.05	392.78		
9/30-10/2	Hotel- Hyatt Conference Hotel				523.05	<del>                                     </del>	1	
9/30	Meals				44.25			
10/1	Meals				48.00		·	
10/2	Meals				49.50			
9/30-10/2	? Transportation during conference					145.29		
	**RTM Reimbursed for Airfare and Transportation**							
	Redeposited into account 11/15/18						-451.26	
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				TOTALS	664.80	538.07	-451.26	
Budget to b	be Charged:		Budget to be Charged	l (for split funding	g):			
_	10-000-2321-65800-074-0000							
Amount Cl	laimed (attach receipts):	Ralance Du	lance Due Employee: Balanc		nce due WC	ce due WCSD:		
664.80		664.80			IICC GGC VV C	CC ddc WCOD.		
004.00			64.80					
Claimant Nam		Claimant	Claimant Signature:			Date:		
Traci Davi		Danada	Donartment Head Signature			Dato		
Department H	lead Name:	Departini	Department Head Signature:			Date:		
Grant Program Approval (if required)		Signature	Signature:			Date:		