



**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: Women to Watch Magazine; Governor's Task Force; Legislative meetings; JAG Board meeting July 12 & 13th Las Vegas NV.			
Classification: <input checked="" type="checkbox"/> Travel <input type="checkbox"/> Other Expense			
Month: July	Year: 2018	Leave (time, date): July 12, 2018	Return (time, date): July 13, 2018

Date(s)	Description of Travel or Expense	Per Diem	District Credit Card Charges	Expense Amount
7/12	Airfare- Southwest		243.98	
7/12	Meals	33.00		
7/13	Meals	44.25		
TOTALS		77.25	243.98	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): 77.25	Balance Due Employee: 77.25	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: