

## CTC Convergence College Network April 16-17, 2014 - National Visiting Committee Meeting Request for Travel Reimbursement

PRINT NAME \_\_\_\_\_

SOCIAL SECURITY # (Only needed with final paperwork) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

Travel START Date & Time \_\_\_\_\_

Travel END Date & Time \_\_\_\_\_

Be sure to read carefully the "Travel Reimbursement Guidelines" prior to making your travel arrangements and submitting your paperwork.

		Actual Expenses
<b>**1. CAR – From home to airport</b>	_____ MILES AT \$0.56 PER MILE Attach MapQuest/GoogleMaps showing round trip. The allowable mileage between two points is the shortest route between those 2 points.	1. _____
<b>2. AIRFARE</b>	Attach confirmed, detailed receipt, including itinerary. A 21-day advance purchase is required. Tickets must be purchased by March 26.	2. _____
<b>3. SHUTTLE/ TAXI/ OTHER TRANSPORTATION</b>	From Dallas airport to hotel and back. No tips can be reimbursed.	3. _____
<b>4. PARKING</b>	At home airport only. Note: only reasonable, economical fees will be reimbursed. No valet parking accepted.	4. _____
<b>5. LODGING</b>	Attach payment receipt that shows check in and check out. The hotel reimbursement is not allowed for those who live within an hour of the event. Collin College will not reimburse a room costing more than \$140/night including taxes.	5. _____
<b>6. MEALS</b>	Complete "Per Diem Worksheet" for any meals not provided by conference. Do NOT provide meal receipts.	6. _____
<b>7. BAGGAGE CHECK</b>	One checked bag each direction. No tips can be reimbursed.	7. _____
		<b>\$ _____</b> <b>TOTAL REIMBURSEMENT REQUEST TO CTC</b>

**\*\*MILEAGE DETAIL:** Is the starting address your home? YES NO If not, please explain:

\_\_\_\_\_

**REIMBURSEMENT TO BE PAID TO:** School ~or~ Me (You must circle one) If school (or other source) is to be reimbursed, provide info:

School \_\_\_\_\_ Attn: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

I understand that while I may submit my estimate of expenses via email or fax, I must submit my final request with original ink signature.

I verify that I have not and will not be reimbursed from my school/ business, or any other source, for any funds I am requesting to be reimbursed to me, personally. I understand that if I am not able to provide all requested documentation by **Friday, May 16, 2014**, I waive my right to any reimbursement.

PRINT NAME \_\_\_\_\_

<b>Requestor Signature:</b>	
CTC Approval:	
Date:	
Check Request # _____	

Return completed form & documentation to: Mark Dempsey, Convergence Technology Center, Collin College, 9700 Wade Blvd. J130, Frisco TX 75035