

**CTC Convergence College Network
 July 7-11, 2014, Summer Working Connections
 Request for Travel Reimbursement (CCN Level 1)**

PRINT NAME _____

SOCIAL SECURITY # (Only needed with final paperwork) _____

ADDRESS _____

CITY/STATE _____

ZIP CODE _____

Travel START Date & Time _____

Travel END Date & Time _____

Indicate which track registered for: Android App Development / EMC Cloud Infrastructure and Services / Ethical Hacking / Linux Essentials / vCloud Director / vSphere 5.5

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

		Estimated Expenses	Actual Expenses
**1. CAR – From home to airport	____ 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. _____	1. _____
2. AIRFARE	Attach confirmed, detailed receipt, including itinerary. A 21-day advance purchase is required. Tickets must be purchased by June 16.	2. _____	2. _____
3. SHUTTLE/ TAXI/ OTHER TRANSPORTATION	From Dallas airport to hotel and back. No tips can be reimbursed.	3. _____	3. _____
4. PARKING	At home airport only. Note: only reasonable, economical fees will be reimbursed. No valet parking accepted.	4. _____	4. _____
5. LODGING	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. _____	5. _____
6. MEALS	Complete "Per Diem Worksheet" for any meals not provided by conference. Do NOT provide meal receipts.	6. _____	6. _____
7. BAGGAGE CHECK	One checked bag each direction. No tips can be reimbursed.	7. _____	7. _____
		\$ _____ TOTAL ESTIMATED EXPENSES	\$ _____ TOTAL REIMBURSEMENT REQUEST TO CTC <small>(maximum allowed \$1650 unless pre-approved for more)</small>

****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 I am required to attend all five days of the Working Connections program plus the July 11 Friday CCN meeting in order to request travel reimbursement.

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, August 8, 2014**, I waive my right to any reimbursement.

I verify that I have completed all of my online surveys. _____

PRINT NAME

Requestor Signature:	
CTC Approval:	
Date:	
	Check Request #