

**CTC Convergence College Network
 July 10-14, 2017 – 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: CSA+ / CS Principles / Internet of Things / Leadership Academy / Teaching Cloud Storage / vSphere 6

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

		Estimated Expenses	Actual Expenses
1. AIRFARE	Attach confirmed, detailed receipt, including itinerary. A 21-day advance purchase is required. Tickets must be purchased by June 18.	1. _____	1. _____
2. 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.	2. _____	2. _____
3. TAXI	For travel to and from hotel/Collin College campus for Sunday, July 9 CCN meeting only.	3. _____	3. _____
		\$ _____ TOTAL ESTIMATED EXPENSES	\$ _____ TOTAL REIMBURSEMENT REQUEST TO CTC (maximum allowed \$1275 unless pre-approved for more)

REIMBURSEMENT TO BE PAID TO (circle one): SCHOOL ME

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 Sunday, July 9, 2017 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 understand Collin College travel reimbursement policy requires that the payee (me or my organization) submit a current W9.

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 18, 2017**, 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 # _____