

**Convergence Technology Center (CTC)  
 July 10-14, 2017 – Summer Working Connections  
 Request for Travel Reimbursement (General Attendee)**

**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.

		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. _____
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. _____
		\$ _____ <b>TOTAL REIMBURSEMENT                  REQUEST TO CTC</b> (Maximum allowed \$300)

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

\_\_\_\_\_

**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 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**

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