

**CTC Convergence College Network  
December 15-17, 2014, Winter 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: NetLab Hands On / Social Media for Engaging Your Students and Growing Your Program / Violent Python and Exploit Development

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 November 24.	2. _____	2. _____
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.	5. _____	5. _____
3. MEALS	Complete "Per Diem Worksheet" for any meals not provided by conference. Do NOT provide meal receipts.	6. _____	6. _____
		<b>\$ _____ TOTAL ESTIMATED EXPENSES</b>	<b>\$ _____ TOTAL REIMBURSEMENT REQUEST TO CTC (maximum allowed \$900 unless pre- approved for more )</b>

**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 three days of the Working Connections program plus the Wednesday afternoon, December 17, 2014 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, January 16, 2015**, 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 # _____