

**CTC Convergence College Network  
 July 16-20, 2018 – 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: Big Data Analysis and Visualization / CySA+ / Firewall Essentials / Integrating Hybrid Cloud / Preparing to Teach the Internet of Things / vSphere

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 24.	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. _____
3. TAXI	For travel to and from hotel/Collin College campus for Sunday, July 15 CCN meeting only.	3. _____
		<b>\$ _____</b> <b>TOTAL REIMBURSEMENT REQUEST TO CTC</b> (maximum allowed \$1275 unless pre-approved for more )

**REIMBURSEMENT TO BE PAID TO (circle one):** SCHOOL ~or~ 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 15, 2018 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 24, 2018**, 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 # _____