

National Convergence Technology Center

April 24-25, 2018 - National Visiting Committee Meeting Request for Travel Reimbursement

PRINT NAME _____

SOCIAL SECURITY # (only needed with final paperwork) _____

ADDRESS _____

CITY/STATE _____

ZIP CODE _____

Travel START Date & Time _____

Travel END Date & Time _____

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

		Actual Expenses
1. CAR – From home to airport**	_____ MILES AT \$0.54 PER MILE Attach GoogleMaps showing round trip. The allowable mileage between two points is the shortest route between those 2 points.	1. _____
2. AIRFARE	Attach confirmed, detailed receipt, including itinerary. A 21-day advance purchase is required. Tickets must be purchased by April 1.	2. _____
3. SHUTTLE/ TAXI/ OTHER TRANSPORTATION	From Dallas airport to hotel and back. Only reasonable 10% tips can be reimbursed. **Car rentals require advance authorization by the CTC**	3. _____
4. PARKING	At home airport only. Note: only reasonable, economical fees will be reimbursed. No valet parking accepted.	4. _____
5. LODGING	Attach payment receipt that shows check in and check out. 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 \$120/night. **Leave this field blank if you stayed at the Marriott Springhill Suites under Collin College's direct bill arrangement. Please note: for those staying at the Marriott Springhill Suites, if you cancel your room less than 24 hours before check-in, you (and not Collin College) will be responsible for paying any penalties.**	5. _____
6. MEALS	Complete "Per Diem Worksheet" for any meals not provided by event. Do NOT provide meal receipts.	6. _____
7. BAGGAGE CHECK	One checked bag each direction. No tips can be reimbursed.	7. _____
		\$ _____ TOTAL REIMBURSEMENT REQUEST TO CTC

****MILEAGE DETAIL:** Is the starting address your home (circle one)? YES NO If not, please explain:

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

If school (or other source) is to be reimbursed, provide info:

School/Business _____ Attn _____

Address _____ City _____ State/Zip _____

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 that **I must provide a W9** for the recipient of the reimbursement check, whether it's me or my organization/school.

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, May 25, 2018**, I waive my right to any reimbursement.

PRINT NAME _____

Requestor Signature:	
CTC Approval:	
Date:	Check Request #:

Return completed form & documentation to: Mark Dempsey, Convergence Technology Center, Collin College, 9700 Wade Blvd. J137, Frisco TX 75035