

National Convergence Technology Center April 27-28, 2016 - 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 5. | 2. _____ |
| 3. SHUTTLE/ TAXI/ OTHER TRANSPORTATION | From Dallas airport to hotel and back. No 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 \$140/night including taxes. **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 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 27, 2016**, 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. J130, Frisco TX 75035