

**CTC Convergence College Network
July 8-12, 2019 – Summer Working Connections
Request for Travel Reimbursement (CCN Level 1)**

PRINT NAME _____ **SOCIAL SECURITY # (Only needed with final paperwork)** _____

ADDRESS _____ **CITY/STATE** _____ **ZIP CODE** _____

_____ **SCHOOL NAME** _____

Indicate which track registered for: AWS Cloud Foundations / Big Data Analytics and Data Visualization / Cyber Buffet / Intro to Bitcoins & Blockchains / Preparing to Teach the Internet of Things / Transforming Hybrid Cloud Architectures

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 16.	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. NOTE: If you live in Collin, Dallas, Denton, or Tarrant counties, you can only request round-trip mileage reimbursement. No lodging reimbursement permitted.	2. _____
3. TAXI	For travel to and from hotel/Collin College campus for Sunday, July 7 CCN meeting only.	3. _____
		\$ _____ TOTAL REIMBURSEMENT REQUEST TO CTC (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 7, 2019 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 **Monday, July 22, 2019**, 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 #