CTC Convergence College Network
April 17-18, 2013, 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

		Actual Expenses
1. CAR – From home to airport	_____ MILES AT $0.56 PER MILE. Attach MapQuest/GoogleMaps showing round trip. The allowable mileage between two points is the shortest route between those two points.	**1.** _____
2. **AIRFARE**	Attach confirmed, detailed receipt, including itinerary and form of payment.	**2.** _____
3. **SHUTTLE/ TAXI/ OTHER TRANSPORTATION**	From Dallas airport to hotel and back.	**3.** _____
4. **CAR RENTAL**: An option instead of taxi or shuttle if it is more economical.	On car rentals, LDW (Loss Damage Waiver) will not be reimbursed by the District. Must be pre-approved.	**4.** _____
5. **PARKING**	At home airport only. Note: no valet parking accepted.	**5.** _____
6. **LODGING**	Attach payment receipt that shows zero balance and check-in/check-out times. The hotel reimbursement is not intended for those who live within an hour of the event.	**6.** _____
7. **MEALS**	Complete Excel "Per Diem Worksheet" for any meals not provided by conference. Do NOT provide meal receipts.	**7.** _____
8. **OTHER**	(Attach supporting documentations)	**8.** _____
		$_____ **TOTAL REIMBURSEMENT REQUEST TO CTC**

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

_____

REIMBURSEMENT TO BE PAID TO: Business/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 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 **May 17, 2013**, I waive my right to any reimbursement.

Requestor Signature:	
CTC Approval:	
Date:	
	Check Request #

Return completed form and documentation to
Mark Dempsey, Collin College, 9700 Wade Blvd. #J130, Frisco TX 75035