

**COLLIN COUNTY COMMUNITY COLLEGE DISTRICT
STAFF MEETING REIMBURSEMENT FORM**

PAYEE: _____		CWID/VID: _____	
DIVISION REQUESTING MEETING: _____			
ORGANIZATION NUMBER: _____		ACCOUNT NUMBER: 712655	
DATE OF MEETING: _____		TIME OF MEETING: _____	
LOCATION OF MEETING: _____			
BUSINESS PURPOSE OF MEETING: _____ _____			
ESTIMATED COST: _____		FINAL COST: _____	
		(ATTACH RECEIPT)	
A LIST OF ALL THOSE IN ATTENDANCE IS REQUIRED. SEE BELOW.		REIMBURSEMENT <u>NOT</u> TO EXCEED TEXAS PER DIEM RATES	

Please save and rename the form using File, Save As, PDF, New Form Name

PREAPPROVAL:

APPROVAL:

Employee Initiating Request Date

Employee Date

Dean/Director Date

Dean/Director Date

Vice President/Provost Date

Vice President/Provost Date

LIST OF STAFF IN ATTENDANCE:

See Attached List

1 _____

8 _____

2 _____

9 _____

3 _____

10 _____

4 _____

11 _____

5 _____

12 _____

6 _____

13 _____

7 _____

14 _____

BUSINESS OFFICE USE ONLY

Banner Invoice Number: _____

Vendor Invoice Number: _____

Accounts Payable approval: _____

Business Office approval: _____