

**COLLIN COLLEGE
PROFESSIONAL LEAVE
AND TRAVEL REQUEST**

PL

NAME _____

CWID _____ DATE _____

CONFERENCE DATE(S) _____

CONFERENCE TITLE _____

CONFERENCE LOCATION _____

CONFERENCE PURPOSE _____

ESTIMATED	DEPARTURE	RETURN
DATE:		
TIME:		

ACTUAL-REQUIRED	DEPARTURE	RETURN
DATE:		
TIME:		

ESTIMATED	Business Office Use Only
1	
2	
3	
4	
5	
6	
7	
8	
9	
\$	TOTAL ESTIMATED

PREPAY

PAYEE:
MAIL: Y or N
RETURN TO:

ACTUAL

*ATTACH EMPLOYMENT TRAINING AGREEMENT FOR REGISTRATION > \$1,000

\$
\$
\$

1	REGISTRATION - ATTACH FORM	1	\$
2	CAR _____ MILES @ _____ PER MILE	2	
3	AIRFARE	3	
4	SHUTTLE/TAXI/OTHER TRANSPORTATION	4	
5	CAR RENTAL	5	
6	PARKING	6	
7	LODGING \$ _____ PER DAY X _____ DAYS	7	
8	MEALS	8	
9	OTHER/MISC	9	
	TOTAL PREPAY		TOTAL ACTUAL

LESS: AMOUNT PREPAID (_____)

LESS: BUDGETARY/PERSONAL (_____)

COUNCIL ON EXCELLENCE (COE) TASK FORCE

AUTHORIZATION:	
ESTIMATED	\$ _____
FINAL	\$ _____

TOTAL REIMBURSEMENT _____ /744220 \$ _____ **
ORGANIZATION #

FINAL-EXCELLENCE TASK FORCE _____ 230090/744220 \$ _____

**WHEN REIMBURSEMENT REQUESTED EXCEEDS COE AUTHORIZATION, APPROVAL TO CHARGE BALANCE TO ORGANIZATION MUST BE PROVIDED.

ORG. MGR. APPROVAL _____

BUSINESS OFFICE USE ONLY		
	BY	DATE
REC'D IN B.O.:		
CHECKED:		
ENTERED:		
SCANNED:		
INDEXED:		

Request	Reimbursement
Employee:	
Org. Mgr.:	
Vice President / Provost:	
District Vice President:	
Business Office:	

Distribution: White: Final Reimbursement
Blue: Prepay Airfare
Green: Prepay Registration
Yellow: Human Resources
Pink: Organization Manager
Gold: Employee