

**COLLIN COLLEGE  
PROFESSIONAL LEAVE  
AND TRAVEL REQUEST**

PL

NAME \_\_\_\_\_  
 CONFERENCE DATE(S) \_\_\_\_\_  
 CONFERENCE LOCATION \_\_\_\_\_

CWID \_\_\_\_\_ DATE \_\_\_\_\_  
 CONFERENCE TITLE \_\_\_\_\_  
 CONFERENCE PURPOSE \_\_\_\_\_

ESTIMATED	DEPARTURE	RETURN
DATE:		
TIME:		

ACTUAL-REQUIRED	DEPARTURE	RETURN
DATE:		
TIME:		

ESTIMATED	Business Office Use Only	PREPAY
1 \$		\$ (2b)
2		(2a)
3		(2)
4		
5		
6	(1)	
7		
8		
9		
\$	<b>TOTAL ESTIMATED</b>	\$

PAYEE: \_\_\_\_\_  
 MAIL: Y or N  
 RETURN TO: \_\_\_\_\_

\*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 (3)	9	
	<b>TOTAL PREPAY</b>		\$
	<b>TOTAL ACTUAL</b>		\$
	LESS: AMOUNT PREPAID		(3b)
	LESS: BUDGETARY/PERSONAL		( )

**COUNCIL ON EXCELLENCE (COE) TASK FORCE**

AUTHORIZATION: \_\_\_\_\_

ESTIMATED	\$ (1b)
FINAL	\$

**TOTAL REIMBURSEMENT** (1d - 3c) /744220 \$ \_\_\_\_\_  
 ORGANIZATION # \_\_\_\_\_

**FINAL-EXCELLENCE TASK FORCE** 230090/744220 \$ \_\_\_\_\_

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

**BUSINESS OFFICE USE ONLY**

	BY	DATE
REC'D IN B.O.:		
CHECKED:		
ENTERED:		
SCANNED:		
INDEXED:		

ORG. MGR. APPROVAL \_\_\_\_\_ (3c)

	Request	Reimbursement
Employee:		
Org. Mgr.:	(1c)	(3d)
Vice President / Provost:		
District Vice President:		
Business Office:		

Distribution: White: Final Reimbursement Yellow: Human Resources  
 Blue: Prepay Airfare Pink: Organization Manager  
 Green: Prepay Registration Gold: Employee  
 Revised 11/2010

**INSTRUCTIONS FOR PROFESSIONAL LEAVE AND TRAVEL FORM**

- Complete top portion of form with traveler's information.
- 1. Estimated information**
  - a. Before traveling, please estimate all of your travel expenses.
  - b. Faculty members may submit their Professional Leave form along with the COE Request for Funding form to the COE committee. This section will be completed by the COE committee if any part of the travel will be paid by the COE. (Authorization signature, Estimated/Final Amount)
  - c. Obtain approval signatures.
  - d. Important Note: Please provide the organization number that your trip will be charged to next to 'Total Reimbursement'.
  - e. Out of state travel: When traveling out of state contact Yvonne Hooper @ x3835 for per diem information.
- 2. Prepayment information**
  - a. Reimbursement for airfare may be made prior to travel by submitting proof of payment for air travel and blue copy of Professional Leave and Travel form to Business Office.
  - b. Prepayment for registration may be processed by submitting registration information. When requesting payment for registration, include completed registration form and green copy of Professional Leave and Travel form. Complete the Payee and indicate where check is to be sent.
  - c. When requesting reimbursement for registration, documentation supporting proof of payment must be provided.
  - d. All employee reimbursements are direct deposited to employee's bank account.
  - e. Submit the paperwork for 'prepays' to the Business Office at CHEC. Please allow 7-10 business days for processing.
- 3. Actual information**
  - a. After travel is completed the traveler should provide receipts (taped to an 8 1/2 x 11 sheet of paper) for all expenses incurred except meals which will be reimbursed based on the per diem rate minus any meals included in the conference fee.
  - b. Total Actual expenses and subtract any 'Prepaid' amounts and any 'Personal/Budgetary' share.
  - c. When reimbursement requested exceeds COE authorization, approval to charge balance to organization must be approved by the Organization Manager. Include Organization Number next to Total Reimbursement.
  - d. It is mandatory that you obtain the appropriate approving signatures prior to and upon return from your Professional Leave and Travel. Send form and necessary documentation to the Business Office at CHEC for review of actual expenditures incurred. An 'EFT' will be sent to the employee's bank upon approval. Please allow 7-10 business days for processing. Email notification is sent to the employee when the EFT is processed.

For more detailed information please refer to Procedures - Professional Leave and Travel.