COLLIN COUNTY COMMUNITY COLLEGE
LOCAL TRAVEL

LOC 10000

SOCIAL SECURITY #: (1)	DATE	COST CENTER MGR. (2)
PAYEE: (3) Ext:	Campus:	BUSINESS OFFICE

INVOICE NUMBER/AMOUNT TOTAL AMOUNT

COST CENTER: (4) - 4210

MM/DD/YY	POINTS OF TRAVEL FROM	TO	RETURN TO	OFFICIAL DUTIES PERFORMED (DETAIL)	MILES TRAVELED
(5)	(6)	(7)	(8)	(9)	(10)

TOTAL MILES	(11)
TOTAL CAR MILEAGE:_____ MILES @ .30 PE	(12)
OTHER EXPENSES (ATTACH RECEIP	(13)
TOTAL OFFICIAL TRAVEL EXPEN	(14)

I certify that I am eligible for local travel reimbursement, and the above information is correct & in the performance of my official duties in accordance with CCCC policies & procedures. (PT Faculty & Faculty teaching extra service/overload assignments are not eligible for local travel reimbursement.)

NOTE: Points of travel & official duties performed must be completed for eac

EMPLOYEE SIGNATURE (15)

(16) RETURN CHECK TO: [ ] CPC [ ] SCC [ ] CYC [ ] PRC

[ ] MAIL CHECK TO: _____

DISTRIBUTION:

WHITE - BUSINESS OFFICE, CANARY - DEPT., PINK - ORIGINATOR

(1) Social security number of the employee requesting reimbursement
(2) Signature of the cost center manager
(3) Name, extension, and campus of the employee requesting reimbursement
(4) Six digit account number to be charged
(5) Date of travel
(6) Point where travel started
(7) Destination of travel
(8) Point where travel ended (was it a round trip?)
(9) Brief description of duties performed (reason for travel - how it related to CCCCD)
(10) Total miles traveled from the beginning point to the end point in excess of home-to-work-to-home miles trav
(11) Total miles traveled
(12) Total miles traveled multiplied by .30
(13) Additional amount requested (back-up MUST be attached)
(14) Total amount of reimbursement requested
(15) Signature of employee requesting reimbursement (employee should read red text before signing)
(16) Place where reimbursement check should be sent or mailed