

**COLLIN COUNTY COMMUNITY COLLEGE
PROFESSIONAL LEAVE AND TRAVEL REQUEST**

PL 10000

NAME _____	}	SOCIAL SECURITY # _____	DATE _____
CONFERENCE DATES (BEGINNING & ENDING DATES) _____	} (1)	CONFERENCE LOCATION _____	
CONFERENCE TITLE _____	}	PURPOSE _____	

	ESTIMATED (2)	DEPARTURE				RETURN				TOTAL LEAVE	DAYS
		MO	DAY	YR	TIME	MO	DAY	YR	TIME		
ACTUAL											
		MO	DAY	YR	TIME	MO	DAY	YR	TIME		DAYS

PLEASE NOTE: REIMBURSEMENT WILL NOT BE MADE IF ACTUAL DEPARTURE AND ACTUAL RETURN ARE NOT COMPLETED.

ESTIMATED	PREPAY (3)		ACTUAL
\$ _____		1. CAR: _____ MILES AT _____ PER MILE _____ W / OTHERS _____ (ATTACH LIST)	\$ _____
_____	\$ _____	2. PLANE: _____	_____
_____		3. CAR RENTAL _____	_____
_____		4. TAXI, PARKING, OR OTHER TRANSPORTATION EXPENSES _____	_____
_____		5. LODGING _____	_____
_____		6. MEALS _____	_____
_____	\$ _____	7. REGISTRATION: _____	_____
(IF REGISTRATION IS \$1,000 OR MORE, AN EMPLOYMENT TRAINING AGREEMENT MUST BE SIGNED & ATTACHED TO PL FORM)			
_____		8. OTHER (ATTACH SUPPORTING DOCUMENTATION) _____	_____
_____		9. TOTAL AMOUNT FOR APPROVAL & CHARGE _____ (4) / 4220*	_____
		COST CENTER _____ ACCOUNT _____	

IF COVERED BY EXCELLENCE TASK FORCE:	
AUTHORIZATION _____ (5)	
230090-4220	
AMOUNT _____	ACCOUNT _____

LESS: AMOUNT PREPAID	(6) (_____)
LESS: BUDGETARY LIMIT EXCESS/PERSONAL SHARE	(7) (_____)
REIMBURSEMENT REQUESTED	(8) \$ _____

REQUEST	REIMBURSEMENT
EMPLOYEE _____	EMPLOYEE _____
COST CENTER MGR. _____ (9)	COST CENTER MGR. _____ (11)
VICE PRESIDENT _____	BUSINESS OFFICE _____
BUSINESS OFFICE _____ (10)	

CHECK DISTRIBUTION (12)			
CPC _____	SCC _____	CYC _____	PRC _____

DISTRIBUTION	
WHITE - FINAL REIMBURSEMENT	BLUE - AIRLINE TICKET PREPAY
GREEN - REGISTRATION PREPAY	YELLOW - PERSONNEL OFFICE
PINK - COST CENTER MANAGER	GOLD - EMPLOYEE

Mail check to: _____

- (1) Name and social security number of the employee doing the traveling. Conference date(s), location, and title should be completed along with a brief description of the purpose of attending the conference.
- (2) Before traveling, the estimated times of departure/arrival and total number of leave days should be completed. After travel has been concluded, the actual departure/arrival (especially the times) and number of days **MUST** be completed before reimbursement can be made.
- (3) Before traveling, the estimated amounts of each expense should be completed. Prepayments of airline tickets and/or registration fees can also be completed and submitted to the Business Office on the blue and/or green copies of this form. The "Actual" column is completed when travel has been concluded.
- (4) Six digit account number to be charged.
- (5) Faculty members may submit the professional leave form along with the Excellence in Education Task Force Request for Funding form to the Excellence Task Force. This section will be completed by the task force if any part of the travel will be paid by the Excellence Task Force.
- (6) Subtract any amounts that have been prepaid.
- (7) Subtract any amount which will not be paid by the cost center.
- (8) Total reimbursement requested.
- (9) Before traveling, the employee, cost center manager, and the area vice president should sign the request.
- (10) Before traveling, the Business Office signs the blue and/or green copies submitted for prepayments. If no prepayments are required, the Business Office does not need to receive the form until after travel has been completed.
- (11) After travel is completed, the employee and cost center manager/supervisor should sign the form after reviewing the accuracy of the "Actual" column. The form is then submitted to the Business Office for review of actual expenditures incurred and issuance of the reimbursement check.
- (12) Select where the check should be sent to be picked up.