SM 10000

COLLIN COUNTY COMMUNITY COLLEGE DISTRICT
STAFF MEETING REIMBURSEMENT FORM

PAYABLE: (1)	
DIVISION REQUESTING MEETING: (2)	
COST CENTER NUMBER: (3)	ACCOUNT NUMBER: (4)
DATE/TIME OF MEETING: (5)	
LOCATION OF MEETING: (6)	
BUSINESS PURPOSE OF MEETING: (7)	
ESTIMATED COST: (8) **LIST OF ALL THOSE IN ATTENDANCE IS REQUIRED**	FINAL COST: (9) **REIMBURSEMENT NOT TO EXCEED $8.00 PER PERSON**

PREAPPROVAL: (10)

EMPLOYEE INITIATING REQUEST _____ DATE _____

DEAN/DIRECTOR _____ DATE _____

VICE PRESIDENT _____ DATE _____

APPROVAL: (11)

EMPLOYEE _____ DATE _____

BUSINESS OFFICE _____ DATE _____

LIST OF STAFF IN ATTENDANCE: (12)

1 _____	11 _____
2 _____	12 _____
3 _____	13 _____
4 _____	14 _____
5 _____	15 _____
6 _____	16 _____
7 _____	17 _____
8 _____	18 _____
9 _____	19 _____
10 _____	20 _____

DISTRIBUTION:	WHITE - BUSINESS OFFICE	YELLOW - DIVISION	PINK - ORIGINATOR

(1) Name of the person to whom the check should be made payable
(2) Name of the division/department holding the meeting
(3) Six digit cost center number to be charged
(4) Account number should always be 2655
(5) Date and time meeting will take place
(6) Location where the meeting will take place
(7) Brief description of the business purpose of the meeting (How does it pertain to CCCCD?)
(8) Give an estimated cost of the meeting
(9) Actual cost of the reimbursement requested (Remember: reimbursement cannot exceed $8.00 per person)
(10) Before the meeting, the employee initiating the request, the are dean/ director, and the area vice president should sign the form.
(11) After the meeting, the employee should sign the form on the "Approval" side, attach all applicable back-up, and submit it to the Business Office
(12) A list of all attending staff/visitors/advisory committee members must be included