



Travel Commitment and Reimbursement Agreement Form

If Collin College is paying for a portion or all of a trip, this form **must** be completed by every student participating in the trip.

Once completed, it is the student's responsibility to submit this form to the responsible party*.

The responsible party must then submit the **original** copy of this completed form to the appropriate custodian of records.

For **academic/workforce travel**, the custodian of records is the appropriate academic/workforce dean, associate academic/workforce dean, program director, or designee.

For **Continuing Education (CE) and Workforce Development travel**, the custodian of records is the appropriate Continuing Education (CE) and Workforce Development program director or designee.

For **co-curricular travel, extracurricular travel, and student organization travel**, the custodian of records is the appropriate dean of student and enrollment services or designee.

*Note: Anyone traveling with students and serving as an athletic coach, co-curricular advisor, extracurricular advisor, faculty member, instructor, staff member, student organization advisor, travel advisor, or travel advisor of record will be referred to as the "responsible party."

Participant's Information

First Name:

Middle Initial:

Last Name:

9-Digit CWID Number:

Collin College Email Address:

Phone Number:

Trip Information

Name of Organization or Group Traveling (e.g., HIST 1302 Class, Mock Trial Team, Phi Theta Kappa):

Travel Advisor's First Name:

Travel Advisor's Last Name:

Event Attending (e.g., Trip to State Capitol, Mock Trial Competition, PTK Annual Conference):

Location of Event (include location name, city, and state):

Date Event Begins:

Date Event Ends:

How the Group Will Travel:

- Bus
- College-owned or -leased Vehicle
- Personal Vehicle
- Plane
- Train

Travel Commitment and Reimbursement of Funds Agreement

I hereby certify I am the person who plans on attending the above-listed event. If I am unable to attend the event and Collin College funds have been allocated and paid on my behalf, I understand I am responsible for reimbursing Collin College the full amount **within 30 College District business days**. I further understand a hold will be placed on my student records and transcripts until I have reimbursed Collin College the full amount.

If refunds are available (e.g., conference registration fees, hotel fees, plane tickets), I understand I am responsible for requesting them. Neither Collin College nor any of its representatives will seek refunds on my behalf.

By my signature below I acknowledge I have read, understand, and agree to the terms above.

Student's Signature:

Date: