

OVERNIGHT TRAVEL REQUEST

Valid for ALL overnight travel
Revised 3-14-2017

REQUEST DATE:	15-Mar-23		
NAME:	TITLE: Case Management Coordinator		
DEPARTMENT: Community Services	ACCOUNT CODE:	5000-1650	
PURPOSE OF TRIP: (explain fully the necessity of making the trip)			
CSBG Grant funded authorization to travel: Case Management Coordinator will attend the annual IACAA Family's of Distinction Award Ceremony. Cost includes mileage, hotel and per diem approx. cost \$441.90. Note registration cost included in Administrator's total.			
DESTINATION: Springfield, IL			
DATE OF DEPARTURE:	4/30/2023	DATE OF RETURN ARRIVAL:	5/1/2023
(Please include a detailed explanation if different from official business dates)			
Please indicate the estimated amount for each applicable expense.			
REGISTRATION:			\$0.00
TRANSPORTATION:			\$0.00
LODGING			\$96.90
MISCELLANEOUS EXPENSES (parking, mileage, etc.)			\$275.00
RENTAL CAR: (explain fully the necessity)			\$0.00
REFERENCE MATERIALS:			\$0.00
MEALS: (Per Diems)			\$70.00
TOTAL			\$441.90

REVIEWED BY AND DATE APPROVED:

Signature on File

Department Head: _____
(Signature)

Date: 3/15/23

Committee Name: _____

Date: _____

County Board: _____

Date: _____

Please note: If actual costs exceed the estimates, this form must be re-submitted for approval.