

OVERNIGHT/OUT-OF-STATE TRAVEL REQUEST

Valid for overnight and/or out-of-state travel

Revised 1-08-2019

REQUEST DATE:	27-Feb-23
NAME:	J. [redacted] TITLE: Weatherization assessor
DEPARTMENT:	Community services ACCOUNT CODE: 030 5000 1430 22 401028
PURPOSE OF TRIP: (explain fully the necessity of making the trip)	
WX QCI (Quality Control Inspector) training - Paid for by WX grants. This does not affect the County General Fund.	
DESTINATION: University of Illinois Champaign Illinois	
DATE OF DEPARTURE:	24-Apr DATE OF RETURN ARRIVAL: 4/27/2023 *
(Please include a detailed explanation if different from official business dates)	
Travel to and from ICRT facility in Champaign Urbana to attend training for QCI (Quality Control Inspector) and BPI Proficiency exam.	
Please indicate the estimated amount for each applicable expense.	
REGISTRATION:	\$0.00
TRANSPORTATION:	\$0.00
LODGING	947.37
MISCELLANEOUS EXPENSES (parking, mileage, etc.)	\$233.15
RENTAL CAR: (explain fully the necessity)	\$0.00
REFERENCE MATERIALS:	\$0.00
MEALS: (Per Diems)	\$226.25
TOTAL	\$1,406.77

REVIEWED BY AND DATE APPROVED:

Signature on File

Department Head: _____

(Signature) [Signature]

Date: 8/28/23

Committee Name: _____

ALL OVERNIGHT TRAVEL

Date: _____

County Board: _____

ONLY OUT-OF-STATE TRAVEL

Date: _____

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