

OVERNIGHT TRAVEL REQUEST

Valid for ALL overnight travel
Revised 3-14-2017

REQUEST DATE:	15-Mar-23
NAME:	TITLE: Intake & Referral Administrator
DEPARTMENT: Community Services	ACCOUNT CODE: 5000-1650
PURPOSE OF TRIP: (explain fully the necessity of making the trip)	
CSBG Grant funded authorization to travel: Administrator will attend the annual IACAA Learning Conference. The conference will provide training on our Federal grants, offer valuable information on best practices for managing our Federal Grants and attendance at the Family's of Distinction Award Ceremony. Cost includes registration, mileage, hotel and per diem approx. cost \$1222. Note registration cost includes Family of Distinction event Admin, Case Manager, Coordinator and FoD Family head of household.	
DESTINATION: Springfield, IL	
DATE OF DEPARTURE: 4/30/2023	DATE OF RETURN ARRIVAL: 5/2/2023
(Please include a detailed explanation if different from official business dates)	
Please indicate the estimated amount for each applicable expense.	
REGISTRATION:	\$665.00
TRANSPORTATION:	\$0.00
LODGING	\$195.00
MISCELLANEOUS EXPENSES (parking, mileage, etc.)	\$275.00
RENTAL CAR: (explain fully the necessity)	\$0.00
REFERENCE MATERIALS:	\$0.00
MEALS: (Per Diems)	\$147.00
TOTAL	\$1,282.00

REVIEWED BY AND DATE APPROVED:

Signature on File

Department Head: _____

Date: 3/15/23

(Signature)

Committee Name: _____

Date: _____

County Board: _____

Date: _____

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