

OVERNIGHT/OUT-OF-STATE TRAVEL REQUEST

Valid for overnight and/or out-of-state travel
Revised 1-08-2019

REQUEST DATE: 3/10/2023	
NAME: _____	TITLE: Director
DEPARTMENT: Community Services	ACCOUNT CODE: 1000-1750
PURPOSE OF TRIP: (explain fully the necessity of making the trip) to attend the NACo Board of Directors meeting	
DESTINATION: St. George County Utah	
DATE OF DEPARTURE: 5/15/2023	DATE OF RETURN ARRIVAL: 5/19/2023
(Please include a detailed explanation if different from official business dates)	
Please indicate the estimated amount for each applicable expense.	
REGISTRATION:	\$475.00
TRANSPORTATION:	\$1,000.00
LODGING	\$1,000.00
MISCELLANEOUS EXPENSES (parking, mileage, etc.)	\$100.00
RENTAL CAR: (explain fully the necessity)	\$0.00
REFERENCE MATERIALS:	\$0.00
MEALS: (Per Diems)	\$265.50
TOTAL	\$2,840.50

REVIEWED BY AND DATE APPROVED:

Signature on File

Department Head: _____
(Signature)

Date: 3/10/23

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.