

OVERNIGHT TRAVEL REQUEST

Valid for ALL overnight travel
Revised 3-14-2017

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|---|-----------------------------------|
| REQUEST DATE: | 27-Feb-23 |
| NAME: | TITLE: Reservist |
| DEPARTMENT: OHSEM | ACCOUNT CODE: 1000-1900 |
| PURPOSE OF TRIP: (explain fully the necessity of making the trip) | |
| DuPage OHSEM was selected by ILEAS to design, build, and operate a next generation prototype rapid communications vehicle (RapidComm4). ILEAS has requested that RapidComm4 be brought to Champaign to be displayed for 1-day at the ILEAS conference. ILEAS will provide lodging for the RapidComm crew as well as mileage for the RapidComm vehicle. The only cost to DuPage Co. would be gas reimbursement for the second (chase) vehicle as RapidComm only seats 2-persons. | |
| DESTINATION: I Hotel and Conf. Center, Champaign, Il | |
| DATE OF DEPARTURE: 26-Mar-23 | DATE OF RETURN ARRIVAL: 27-Mar-23 |
| (Please include a detailed explanation if different from official business dates) | |
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| Please indicate the estimated amount for each applicable expense. | |
| REGISTRATION: | \$0.00 |
| TRANSPORTATION: | \$0.00 |
| LODGING | \$0.00 |
| MISCELLANEOUS EXPENSES (parking, mileage, etc.) | \$0.00 |
| RENTAL CAR: (explain fully the necessity) | \$0.00 |
| REFERENCE MATERIALS: | \$0.00 |
| MEALS: (Per Diems) | \$0.00 |
| TOTAL | \$0.00 |

REVIEWED BY AND DATE APPROVED:

Department Head: _____
(Signature)

Date: _____

Committee Name: _____

Date: _____

County Board: _____

Date: _____

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