## OVERNIGHT/OUT-OF-STATE TRAVEL REQUEST

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

2/16/2023

REQUEST DATE:

NAME:	TITLE: Weatherization assessor
DEPARTMENT: Community Services	ACCOUNT CODE: 030-5000 1400-22-401028
PURPOSE OF TRIP: (explain fully the necessity of	f making the trip)
To attend the National Home Performance Conference Association and the Department of Energy for Wes	ence. This is an annual event hosted by the Building Performance
DESTINATION: Seattle WA	
DATE OF DEPARTURE: 4/16/2023	DATE OF RETURN ARRIVAL: 4/20/2023
(Please include a detailed explanation if different fr	
Please indicate the estimated amount for each REGISTRATION: TRANSPORTATION: LODGING MISCELLANEOUS EXPENSES (parking, mileage,	\$995.0 \$1,000.0 \$1,200.0 etc.) Milage \$0.0
RENTAL CAR: (explain fully the necessity)	\$0.0
REFERENCE MATERIALS:	\$0.0
MEALS: (Per Diems) TOTAL	\$395.0 \$3,590.0
Department Head:  Committee Name:	Date: 2/21/23  Date:
ALL OVER	NIGHT TRAVEL
County Board:	-OF-STATE TRAVEL

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