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:		HILE: V	VX Assessor
DEPARTMENT: Community Serv	rice A	CCOUNT CODE:	030 5000 1400 22-401028
PURPOSE OF TRIP: (explain fully the nece To attend the National Home Performance (nual event hosted by	Building Performance
Association and the Department of Energy t	for Weatherization Agencle	98.	
DESTINATION: Seattle, WA			
DATE OF DEPARTURE: 4/16/2023	DATE OF RET	URN ARRIVAL:	4/20/2023
(Please include a detailed explanation if diffi	erent from official business	dates)	
N STAN			
Please Indicate the estimated amount for	reach applicable expens	0.	
REGISTRATION:			\$995.00
TRANSPORTATION:			\$1,000.00
LODGING	4 2 5 4 F		\$1,200.00
MISCELLANEOUS EXPENSES (parking, m RENTAL CAR; (explain fully the necessity)	lleage, etc.)		\$0.00
RENTAL CAR: (explain fully the necessity)			\$0.00
REFERENCE MATERIALS:			\$0.00
MEALS: (Per Diems)			\$395.00
TOTAL			\$3,590.00
O. DEVIE	AIED BY AND DATE A	APPROVED:	1001
Signature on i	-lie -lie		alasta.
Department Head;	gnature)	i	Date: 2/24/23
Color	gnature)		
Committee Name:	L OVERNIGHT TRAVEL		Date:
AL	LOVERNIONI IRAVEL		
County Board:			Date:
ON	ILY OUT-OF-STATE TRAVEL		

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