

## OVERNIGHT/OUT-OF-STATE TRAVEL REQUEST

Valid for overnight and/or out-of-state travel

Revised 1-08-2019

REQUEST DATE:	27-Feb-23
NAME:	J. [redacted]
TITLE:	Weatherization assessor
DEPARTMENT:	Community services
ACCOUNT CODE:	030 5000 1430 22 401028
PURPOSE OF TRIP: (explain fully the necessity of making the trip)	
WX QCI ( Quality Control Inspector) training - Paid for by WX grants. This does not affect the County General Fund.	
DESTINATION: University of Illinois Champaign Illinois	
DATE OF DEPARTURE:	24-Apr
DATE OF RETURN ARRIVAL:	4/27/2023
(Please include a detailed explanation if different from official business dates)	
Travel to and from ICRT facility in Champaign Urbana to attend training for QCI (Quality Control Inspector) and BPI Proficiency exam.	
<b>Please indicate the estimated amount for each applicable expense.</b>	
REGISTRATION:	\$0.00
TRANSPORTATION:	\$0.00
LODGING	947.37
MISCELLANEOUS EXPENSES (parking, mileage, etc.)	\$233.15
RENTAL CAR: (explain fully the necessity)	\$0.00
REFERENCE MATERIALS:	\$0.00
MEALS: (Per Diems)	\$226.25
TOTAL	\$1,406.77

## REVIEWED BY AND DATE APPROVED:

Signature on File

Department Head: \_\_\_\_\_

(Signature) 

Date: 8/28/23

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.