

OVERNIGHT TRAVEL REQUEST

Valid for ALL overnight travel
Revised 3-14-2017

REQUEST DATE:	8-Mar-23
NAME:	TITLE: Case Manager
DEPARTMENT: Community Services	ACCOUNT CODE: 5000-1650
PURPOSE OF TRIP: (explain fully the necessity of making the trip) CSBG Grant funded authorization to travel: Case Manager will attend the annual IACAA Family's of Distinction Award Ceremony. Cost includes mileage, hotel and per diem approx. cost \$441.90. Note registration cost included in Administrator's total.	
DESTINATION: Springfield, IL	
DATE OF DEPARTURE: 4/30/2023	DATE OF RETURN ARRIVAL: 5/1/2023
(Please include a detailed explanation if different from official business dates)	
Please indicate the estimated amount for each applicable expense.	
REGISTRATION:	\$0.00
TRANSPORTATION:	\$0.00
LODGING	\$96.90
MISCELLANEOUS EXPENSES (parking, mileage, etc.)	\$275.00
RENTAL CAR: (explain fully the necessity)	\$0.00
REFERENCE MATERIALS:	\$0.00
MEALS: (Per Diems)	\$70.00
TOTAL	\$441.90

REVIEWED BY AND DATE APPROVED:

Signature on File

Department Head: _____

Date: 3/9/23

(Signature)

Committee Name: _____

Date: _____

County Board: _____

Date: _____

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