


OVERNIGHT/OUT-OF-STATE TRAVEL REQUEST

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

REQUEST DATE:	3/8/2023
NAME:	TITLE: Community Services 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: Community Services Manager will attend the National Alliance of Information and Referral 2023 Training Conference 7/30-8/2, Orlando, Florida. Conference will provide training and networking on 211, information and referral processes, and best practices for operating these programs funded by our federal and state grants. Costs include registration, flight, taxi/uber, hotel, meals of approximately \$1986.	
DESTINATION: Orlando, Florida	
DATE OF DEPARTURE: 7/30/2023	DATE OF RETURN ARRIVAL: 8/2/2023
(Please include a detailed explanation if different from official business dates)	
Please indicate the estimated amount for each applicable expense.	
REGISTRATION:	\$500.00
TRANSPORTATION:	\$600.00
LODGING	\$436.00
MISCELLANEOUS EXPENSES (parking, mileage, etc.)	\$150.00
RENTAL CAR: (explain fully the necessity)	\$0.00
REFERENCE MATERIALS:	\$0.00
MEALS: (Per Diems)	\$300.00
TOTAL	\$1,986.00

REVIEWED BY AND DATE APPROVED:

Department Head:  (Signature) Date: 3/9/23

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.