

OVERNIGHT/OUT-OF-STATE TRAVEL REQUEST

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

REQUEST DATE:	7/12/2023		
NAME:	TBD	TITLE:	
DEPARTMENT:	HR - Workforce Development	ACCOUNT CODE:	5000-2840
PURPOSE OF TRIP: (explain fully the necessity of making the trip)			
Training for newly approved Apprenticeship Grant provided by the Department of Labor, Office of Apprenticeship, as well as other subject matter experts on building apprenticeship programs			
DESTINATION: Bloomington/Normal, Illinois			
DATE OF DEPARTURE:	8/8/2023	DATE OF RETURN ARRIVAL:	8/9/2023
(Please include a detailed explanation if different from official business dates)			
Please indicate the estimated amount for each applicable expense.			
REGISTRATION:			
TRANSPORTATION:			\$100.00
LODGING			\$250.00
MISCELLANEOUS EXPENSES (parking, mileage, etc.)			
RENTAL CAR: (explain fully the necessity)			\$0.00
REFERENCE MATERIALS:			\$0.00
MEALS: (Per Diems)			\$33.00
TOTAL			\$383.00

REVIEWED BY AND DATE APPROVED:

Department Head:

[Redacted Signature]

Date:

7-12-23

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.