## **OVERNIGHT TRAVEL REQUEST**

Valid for ALL overnight travel Revised 3-14-2017

REQUEST DATE: 26-	Mar-23			
NAME:	Signature on File	TITLE. D.	oon/int	
NAME:	oignature on the	IIILE: Re	TITLE: Reservist	
DEPARTMENT: OHSEM		ACCOUNT CODE:	1000-1900	
PURPOSE OF TRIP: (explain fully the necessity of making the trip)				
DuPage OHSEM is the host agency for ILEAS communications assets ITECS 4. On April 26, 2023, ILEAS is hosting				
an all-day workshop to issue and train on new equipment. There is no cost to DuPage County. ILEAS is providing lodging to two team members on the night prior to the workshop. Breakfast is included at the hotel and ILEAS is				
providing lunch during the workshop.				
DESTINATION: ILEAS - Urb	oana, IL			
DATE OF DEPARTURE: 25-Apr-	23 D	ATE OF RETURN ARRIVAL:	26-Apr-23	
(Please include a detailed explanation			20-Apr-23	
(i lease module a detailed explanation in americal business dates)				
Please indicate the estimated amount for each applicable expense.				
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REGISTRATION:			\$0.00	
TRANSPORTATION:			\$0.00	
LODGING			\$0.00	
MISCELLANEOUS EXPENSES (parki			\$0.00	
RENTAL CAR: (explain fully the neces	sity)		\$0.00	
REFERENCE MATERIALS:			\$0.00	
MEALS: (Per Diems)			\$0.00	
TOTAL			\$0.00	
		ND DATE ADDROVED		
RE	VIEWED BY A	ND DATE APPROVED:		
Department Head:			Date:	
Department Head.	(Signature)		Date.	
	(orginature)			
Committee Name:			Date:	
County Board:			Date:	

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