OVERNIGHT/OUT-OF-STATE TRAVEL REQUEST

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

REQUEST DATE:	1/9/2024			
NAME:		TITLE:	County Board Meml	ber
DEDARTMENT, C.	water Daniel	ACCOUNT CODE:	1000 100	4
DEPARTMENT: Co	unty Board	ACCOUNT CODE:	1000-100	1-
PURPOSE OF TRIP: (explain	fully the necessity of	making the trin		
County Board Member to atte	end the 2024 NACo Le	egislative Conference in Washington,	D.C. from 02/09/202	24 -
02/12/2024		gioranio comorcino in readimigical,		
DESTINATION: Wa	ashington, D.C.			
DATE OF DEDARTURE	0/0/0004	DATE OF DETURN ARRIVAL	0/40/0004	
DATE OF DEPARTURE:		DATE OF RETURN ARRIVAL:	2/12/2024	
(Please include a detailed exp Member is leaving early to att				
iviember is leaving early to att	end the Orientation at	1 8.00am on 02/10/2024.		
Please indicate the estimate	ed amount for each	applicable expense.		
		•		
REGISTRATION:				\$0.00
TRANSPORTATION:				\$182.96
LODGING				\$1,215.00
MISCELLANEOUS EXPENSE		etc.)		\$225.00
RENTAL CAR: (explain fully to	ne necessity)			\$0.00
REFERENCE MATERIALS:				\$0.00
MEALS: (Per Diems)				\$258.50
TOTAL				\$1,881.46
TOTAL				ψ1,001. 4 0
	REVIEWED I	BY AND DATE APPROVED:		
Department Head:			Date:	
	(Signature)			
Committee Name:			Date:	
	ALL OVER	NIGHT TRAVEL		
O			D-4	
County Board:		OF STATE TRAVEL	Date:	
	ONLY OUT	-OF-STATE TRAVEL		

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