

OVERNIGHT/OUT-OF-STATE TRAVEL REQUEST

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

| | |
|-----------------------------------------------------------------------------------|-----------------------------------|
| REQUEST DATE: 7/25/2023 | |
| | |
| NAME: [REDACTED] | TITLE: [REDACTED] |
| | |
| DEPARTMENT: County Board | ACCOUNT CODE: 1000-1001-53510 |
| | |
| PURPOSE OF TRIP: (explain fully the necessity of making the trip) | |
| Attendance to the Public Leaders for Inclusion Council in Washington D.C. | |
| | |
| DESTINATION: Washington, D.C. | |
| | |
| DATE OF DEPARTURE: 8/17/2023 | DATE OF RETURN ARRIVAL: 8/20/2023 |
| (Please include a detailed explanation if different from official business dates) | |
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| | |
| Please indicate the estimated amount for each applicable expense. | |
| REGISTRATION: | \$0.00 |
| TRANSPORTATION: | \$509.80 |
| LODGING | \$612.82 |
| MISCELLANEOUS EXPENSES (parking, mileage, etc.) | \$60.00 |
| RENTAL CAR: (explain fully the necessity) | \$0.00 |
| | |
| REFERENCE MATERIALS: | \$0.00 |
| MEALS: (Per Diems) | \$276.50 |
| TOTAL | \$1,459.12 |

REVIEWED BY AND DATE APPROVED:

| | |
|--------------------------|-------------|
| Department Head: _____ | Date: _____ |
| (Signature) | |
| Committee Name: _____ | Date: _____ |
| ALL OVERNIGHT TRAVEL | |
| County Board: _____ | Date: _____ |
| ONLY OUT-OF-STATE TRAVEL | |

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