

OVERNIGHT/OUT-OF-STATE TRAVEL REQUEST

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

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| REQUEST DATE: 7/20/2023 | |
| NAME: _____ Name on file _____ | TITLE: Volunteer |
| DEPARTMENT: OHSEM | ACCOUNT CODE: 1000-1900 |
| PURPOSE OF TRIP: (explain fully the necessity of making the trip) | |
| IEMA-OHS has requested RapidComm4 be brought down for demonstration during the conference. Volunteer will be assisting the OHSEM Coordinator in staffing the vehicle while on display and discussing its capabilities with attendees. DuPage County is being asked to cover lodging, per diem, and fuel reimbursement. | |
| DESTINATION: Springfield, IL | |
| DATE OF DEPARTURE: 9/5/2023 | DATE OF RETURN ARRIVAL: 9/8/2023 |
| (Please include a detailed explanation if different from official business dates) | |
| | |
| Please indicate the estimated amount for each applicable expense. | |
| REGISTRATION: | \$0.00 |
| TRANSPORTATION: | \$0.00 |
| LODGING | \$387.60 |
| MISCELLANEOUS EXPENSES (parking, mileage, etc.) | \$115.00 |
| RENTAL CAR: (explain fully the necessity) | \$0.00 |
| REFERENCE MATERIALS: | \$0.00 |
| MEALS: (Per Diems) | \$167.50 |
| TOTAL | \$670.10 |

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.