

OVERNIGHT/OUT-OF-STATE TRAVEL REQUEST

Valid for overnight and/or out-of-state travel

Revised 1-08-2019

REQUEST DATE:	3/29/2023		
NAME:	Signature on File	TITLE:	Vehicle Maintenance Supervisor
DEPARTMENT:	Division of Transportation	ACCOUNT CODE:	1500-3510-53610
PURPOSE OF TRIP: (explain fully the necessity of making the trip)			
To attend the Illinois Public Service Institute (IPSI) Focus on Service Excellence. (2 of 3)			
DESTINATION: Keller Convention Center, Effingham, Illinois			
DATE OF DEPARTURE:	10/1/2023	DATE OF RETURN ARRIVAL:	10/6/2023
(Please include a detailed explanation if different from official business dates)			
Please indicate the estimated amount for each applicable expense.			
REGISTRATION:			\$775.00
TRANSPORTATION:			\$254.24
LODGING			\$666.40
MISCELLANEOUS EXPENSES (parking, mileage, etc.)			\$0.00
RENTAL CAR: (explain fully the necessity)			\$0.00
REFERENCE MATERIALS:			\$0.00
MEALS: (Per Diems)			\$160.00
TOTAL			\$1,855.64

REVIEWED BY AND DATE APPROVED:

Department Head: Signature on File
(Signature)

Date: 4/30/23

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.