

OVERNIGHT/OUT-OF-STATE TRAVEL REQUEST

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

REQUEST DATE: 6/16/2023	
NAME: _____	TITLE: Comm. Services Manager
DEPARTMENT: Senior Services	ACCOUNT CODE: 5000-1720
PURPOSE OF TRIP: (explain fully the necessity of making the trip)	
Mandatory Regional Ombudsman Quarterly Meeting and Long-Term Care Advisory Group Meeting in Springfield, IL.	
DESTINATION: Springfield, IL	
DATE OF DEPARTURE: 7/11/2023	DATE OF RETURN ARRIVAL: 7/13/2023
(Please include a detailed explanation if different from official business dates)	
Please indicate the estimated amount for each applicable expense.	
REGISTRATION:	\$0.00
TRANSPORTATION:	\$220.00
LODGING	\$200.00
MISCELLANEOUS EXPENSES (parking, mileage, etc.)	\$0.00
RENTAL CAR: (explain fully the necessity)	\$0.00
REFERENCE MATERIALS:	\$0.00
MEALS: (Per Diems)	\$140.00
TOTAL	\$560.00

REVIEWED BY AND DATE APPROVED:
Signature on File

Department Head: _____
 (Signature)

Date: 6/16/23

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.