

## OVERNIGHT/OUT-OF-STATE TRAVEL REQUEST

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

REQUEST DATE: 7/20/2023	
NAME: _____ Name on file _____	TITLE: Coordinator
DEPARTMENT: OHSEM	ACCOUNT CODE: 1000-1900
PURPOSE OF TRIP: (explain fully the necessity of making the trip)	
IEMA-OHS has requested Coordinator give a presentation on Auxiliary Communications and assist with STARCOM Interoperable Communications presentations at this year's IEMA Summit. IEMA has also requested RapidComm4 be brought down for demonstration during the conference. IEMA is providing lodging for presenters. DuPage County is being asked to cover per diems 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)	
<b><i>Please indicate the estimated amount for each applicable expense.</i></b>	
REGISTRATION:	\$0.00
TRANSPORTATION:	\$0.00
LODGING	\$0.00
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	\$282.50

### REVIEWED BY AND DATE APPROVED:

Department Head: _____ (Signature)	Date: _____
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.