

OVERNIGHT/OUT-OF-STATE TRAVEL REQUEST

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

REQUEST DATE: 7/17/2023	
NAME: <u>Signature on File</u>	TITLE: <u>Equipment Operator II</u>
DEPARTMENT: <u>Division of Transportation</u>	ACCOUNT CODE: <u>1500-3510-53610</u>
PURPOSE OF TRIP: (explain fully the necessity of making the trip) <u>IPWMAN Disaster assistance in Macomb, IL. Lodging, travel, and meal expenses to be provided or reimbursed by IPWMAN as noted below in the itemized expenses.</u>	
DESTINATION: <u>Macomb, IL</u>	
DATE OF DEPARTURE: <u>7/17/2023</u>	DATE OF RETURN ARRIVAL: <u>7/21/2023</u>
(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	\$0.00
MISCELLANEOUS EXPENSES (parking, mileage, etc.)	\$0.00
RENTAL CAR: (explain fully the necessity)	\$0.00
REFERENCE MATERIALS:	\$0.00
MEALS: (Per Diems)	\$265.50
TOTAL	\$265.50

REVIEWED BY AND DATE APPROVED:

Department Head: Signature on File
(Signature)

Date: 7/24/23

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.