

OVERNIGHT TRAVEL REQUEST

Valid for ALL overnight travel
Revised 3-14-2017

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|--|--|-------------------------|----------|
| REQUEST DATE: | 8-May-23 | | |
| NAME: | TITLE: Intake & Referral Administrator | | |
| DEPARTMENT: Community Services | ACCOUNT CODE: | 5000-1650/1430 | |
| PURPOSE OF TRIP: (explain fully the necessity of making the trip) | | | |
| CSBG/WX Grant funded authorization to travel: Administrator will attend the annual CSBG and Weatherization mandated grant funding training. Training will pertain to our CSBG 2024 Application and Weather 2024/2025 funding for the State and Federal Weather grants. Cost includes mileage, hotel and per diem approx. cost \$622. | | | |
| DESTINATION: Springfield, IL | | | |
| DATE OF DEPARTURE: | 6/6/2023 | DATE OF RETURN ARRIVAL: | 6/8/2023 |
| (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 | | | \$200.00 |
| MISCELLANEOUS EXPENSES (parking, mileage, etc.) | | | \$275.00 |
| RENTAL CAR: (explain fully the necessity) | | | \$0.00 |
| REFERENCE MATERIALS: | | | \$0.00 |
| MEALS: (Per Diems) | | | \$147.00 |
| TOTAL | | | \$622.00 |

REVIEWED BY AND DATE APPROVED:

Signature on File

Department Head: _____

Date: 5/8/23

(Signature)

Committee Name: _____

Date: _____

County Board: _____

Date: _____

Please note: If actual costs exceed the estimates, this form must be re-submitted for approval.