

OVERNIGHT/OUT-OF-STATE TRAVEL REQUEST

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

Revised 1-08-2019

REQUEST DATE:	3/8/2023
NAME:	TITLE: DB and Report Specialist
DEPARTMENT: Community Services	ACCOUNT CODE: 5000-1480,5000-1470
PURPOSE OF TRIP: (explain fully the necessity of making the trip) Attendance at WellSky Services (our HMIS database service provider) for ongoing training to support HMIS and Continuum of Care staff to further address reporting and data needs. Travel expenses are grant authorized and will be paid out of our HUD CoC HMIS (5000-1480), ESG (5000-1470), and ESG CV (5000-1470 CV) funding sources.	
DESTINATION: Overland Park, KS	
DATE OF DEPARTURE: 6/11/2023	DATE OF RETURN ARRIVAL: 6/15/2023
(Please include a detailed explanation if different from official business dates) Arriving on Sunday, 6/11 for the training conference begins the morning of 6/12 through 6/14.	
Please indicate the estimated amount for each applicable expense.	
REGISTRATION:	\$735.00
TRANSPORTATION:	\$955.00
LODGING	\$850.00
MISCELLANEOUS EXPENSES (parking, mileage, etc.)	\$0.00
RENTAL CAR: (explain fully the necessity)	\$0.00
REFERENCE MATERIALS:	\$0.00
MEALS: (Per Diems)	\$277.50
TOTAL	\$2,817.50

REVIEWED BY AND DATE APPROVED:

Signature on File

Department Head: _____

Date: 3/20/23

(Signature)

Committee Name: _____

Date: _____

ALL OVERNIGHT TRAVEL

County Board: _____

Date: _____

ONLY OUT-OF-STATE TRAVEL

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