



# DuPage County Overnight Business Travel Request Form

## Elected Officials Subject to 50 ILCS 150/15

This form is used to request advance approval for overnight travel reimbursement by Elected Officials subject to 50 ILCS 150/15. After travel is completed, a separate [Overnight Business Travel Report Form](#) must be completed and submitted to receive reimbursement for travel expenses.

Do not use this form for travel that does not include an overnight stay. Advance approval is not required for travel that does not include an overnight stay. Please note that for Elected Officials subject to 50 ILCS 150/15, mileage reimbursement is only available for trips to a destination outside DuPage County. Also, non-overnight travel meal reimbursement requires approval by a roll call vote of the County Board.

Written documentation is not required for approval prior to travel. However, complete itemized documentation is required for reimbursement after travel as required by 50 ILCS 150/15.

Please review the [County's Business Travel Expense Policy](#) before completing this form.

**The County's Business Travel Expense Policy :** ["Yes"]

**Employee Name:**

**Employee Email Address:** dupagecounty.gov

**Secondary Department Contact (Department Admin or Accounts Payable):**

heidi.blakely@dupagecounty.gov

## Description of the Requested Business Travel

**Event or Conference Name:** NACo Legislative Conference

**Event Location (City/State):** Washington, D.C.

**Description of conference, training or other events including County business purpose:** The NACo Legislative Conference brings together nearly 2,000 elected and appointed county officials to focus on federal policy issues that matter most to county governments. Attendees will experience timely, high-impact policy sessions and will interact with executive branch officials, members of Congress and their staff.

**Start date of conference, training or other out of town event:** Feb 20, 2026

**End date of conference, training or other out of town event:** Feb 24, 2026

**Requested travel date - departure:** Feb 20, 2026

**Requested travel date - return:** Feb 23, 2026

**If travel dates extend before or after the dates related to the purpose of travel, explain why the additional travel days are necessary:** N/A

## Estimate of costs for the requested business travel

**Budget Account Code:** 1000-1001-53510

## Registration Fees

**Registration fees for conference, training or event:** \$550

**Form of Payment:** Invoiced to county

## Estimated Transportation Cost

Estimated Transportation Cost to and from Location of Conference, Training or other out of town event. Identify method of travel such as airline, train, County vehicle, personal vehicle, rental vehicle or other and state total estimated cost. Include all ground transportation expense to and from the event, including parking.

**Estimated transportation cost to and from location:** \$ 890

**Describe methods of transportation to and from location:** Air travel, travel to and from the airport and uber/taxi at location

**Rental Vehicle request:**

**Provide estimated rental car cost:** \$

**Describe reason(s) for vehicle rental:**

**Business Travel Expense Policy - Supplemental Insurance:**

## Estimated Lodging Costs at Location of Conference, Training or Other Out of Town Event

**Total Estimated Lodging Costs:** \$1000

**Description of lodging needs, including number of nights and cost per night:** \$275 plus tax - three nights

## Meal Per Diem Policy

See **Business Travel Expense Policy Section 6.0** regarding meal per diems. Individual meals, **including room service**, are not reimbursable and meal receipts are not required or accepted. Tips are included in the per diem and are not reimbursable. Per diems are paid at 100% of applicable GSA CONUS rates for non-travel days and at 75% of applicable GSA CONUS rates for the travel day at the beginning of the trip and the travel day for returning from the trip.

See the per diem rates at <https://www.gsa.gov/travel/plan-book/per-diem-rates>.

**Estimate total per diem expenses:** \$322

## Estimated Miscellaneous or Other Expenses Related to Business Travel

**Estimate additional expenses:** \$0

**Describe expected additional expenses:**

**Estimated total cost of the requested Overnight Business Travel:** \$2762

## Confirmation and Submission

By typing my name below, I certify that the information provided herein accurately describes the proposed business travel and that the requested travel expenses are my best estimate of all costs and expenses related to this travel. I understand that I am an Elected Official subject to 50 ILCS 150/15 and therefore payment or reimbursement of expenses for travel, meals, and lodging requires approval of the County Board by roll call vote.

**Elected Official Name:**