

OVERNIGHT/OUT-OF-STATE TRAVEL REQUEST

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

REQUEST DATE:	13-Jul-23		
NAME:	TITLE: Sr. Housing Com. Dev. Planner		
DEPARTMENT: Community Services	ACCOUNT CODE:	5000-1510	
PURPOSE OF TRIP: (explain fully the necessity of making the trip)			
100% grant funded travel request for Sr. Housing Community Development Planner to attend annual Housing Action Illinois Conference. Conference participants learn best practices in ending homelessness, expanding and protecting affordable housing, public policy advocacy, housing counseling, and affordable housing development.			
DESTINATION: Bloomington, IL			
DATE OF DEPARTURE:	10/19/2023	DATE OF RETURN ARRIVAL:	10/20/2023
(Please include a detailed explanation if different from official business dates)			
Please indicate the estimated amount for each applicable expense.			
REGISTRATION:			\$250.00
TRANSPORTATION:			\$145.00
LODGING			\$150.00
MISCELLANEOUS EXPENSES (parking, mileage, etc.)			\$0.00
RENTAL CAR: (explain fully the necessity)			\$0.00
REFERENCE MATERIALS:			\$0.00
MEALS: (Per Diems)			\$88.50
TOTAL			\$633.50

REVIEWED BY AND DATE APPROVED:

Signature on File

Department Head: _____
(Signature)

Date: 7/26/23

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.