

OVERNIGHT TRAVEL REQUEST

Valid for ALL overnight travel
Revised 3-14-2017

REQUEST DATE:	20-Jun-23		
NAME:	TITLE: Utility Assistance Coordinator		
DEPARTMENT: Community Services	ACCOUNT CODE:	5000-1420	
PURPOSE OF TRIP: (explain fully the necessity of making the trip)			
LIHEAP Grant funded authorization to travel: Utility Assistance Coordinator will attend the annual LIHEAP mandated grant training. Training will pertain to our 2024 funding for the State and Federal LIHEAP/PIPP grants. Cost includes hotel and per diem approx. cost \$160.50. Will ride with Administrator in rental car.			
DESTINATION: Springfield, IL			
DATE OF DEPARTURE:	8/7/2023	DATE OF RETURN ARRIVAL:	8/8/2023
(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			\$100.00
MISCELLANEOUS EXPENSES (parking, mileage, etc.)			\$0.00
RENTAL CAR: (explain fully the necessity)			\$0.00
REFERENCE MATERIALS:			\$0.00
MEALS: (Per Diems)			\$60.50
TOTAL			\$160.50

REVIEWED BY AND DATE APPROVED:

Signature on File

Department Head: _____

Date: 6/26/23


(Signature)

Committee Name: _____

Date: _____

County Board: _____

Date: _____

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