OVERNIGHT/OUT-OF-STATE TRAVEL REQUEST

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

9/19/2023

REQUEST DATE:

NAME: Laura Flamion		TITLE	TITLE: Operations Manager	
DEDARTMENT		ACCOUNT		1000
DEPARTMENT: Animal S	ervices	ACCOUNT CODE	: 1100	-1300
PURPOSE OF TRIP: (explain fully the	e necessity of making	the trin)		
The 24Petcare Software User Confe			Petpoint and Cha	meleon shelter
data management software platform	s. With curated PetPo	oint and Chameleon tracks.	sers have the op	ortunity to
learn from expert speakers, network				
management and data best practice				
opportunities and resources to help I				
informed decisions based on availab				
Conference registration is free.				
		ference September 26-28, 20	23 - Baltimore,	
DESTINATION: Maryland				
DATE OF DEPARTURE: 9/2	25/23 DA	TE OF RETURN ARRIVAL:	9/28/2023	
(Please include a detailed explanation				
The conference kicks off at 9:30am			loyee to attend th	e entire
conference without missing any sess	ions, they will be arriv	ing in Baltimore the night of	September 25th.	
Please indicate the estimated amo	unt for each applica	ble expense.		
REGISTRATION:				\$0.00
TRANSPORTATION:				\$277.95
LODGING (includes 30% additional	for hotel taxes & fees	1		\$625.00
MISCELLANEOUS EXPENSES (parking, mileage, tolls, etc.)				\$0.00
RENTAL CAR: (explain fully the necessity)				\$0.00
THE OF W. COMPIGNITION OF THE HOUSE	JOURT)			Ψ0.00
REFERENCE MATERIALS:				\$0.00
MEALS: (Per Diems)				\$241.50
TOTAL				\$1,144.45
	EVIEWED DV AN	ID DATE ADDROVED.		
	EVIEWED BY AN	DATE APPROVED:		0/1
Department Head:			Data	1/20/22
Department Head	MANUFACTURES)		_ Date.	· Idli W
	(Signature)			
Committee Name			Date:	
Committee Name.	ALL OVERNIGHT TI	RAVFI	_ Date.	
	ALL OVERNORTH II	I ALLA E.F.		
County Boards			Date:	

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

ONLY OUT-OF-STATE TRAVEL