



# DuPage County Employee Overnight Business Travel Expense Reimbursement

## Request

This expense form is used to request advance approval for County reimbursement of **overnight travel expenses**. Advance approval is required for County reimbursement for all overnight travel whether in-state or out-of-state. After travel is completed, a separate [Overnight Business Travel Report Form](#) must be completed and submitted to receive reimbursement for travel expenses.

Elected Officials subject to 50 ILCS 150/15 should not use this Overnight Business Travel Request Form. [Applicable form for Elected Officials subject to 50 ILCS 150/15.](#)

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.

Written documentation is not required for approval prior to travel. However, complete itemized documentation is required for reimbursement after travel.

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

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

**Employee Name:** I

**Employee Email Address:** dupagecounty.gov

**Department:** CS-Weatherization

**Supervisor Email:** gina.strafford@dupagecounty.gov

**Secondary Department Contact (Department Admin or Accounts Payable):**  
david.watkins@dupagecounty.gov

## Description of the Requested Business Travel

**Description of conference, training or other out of town event:** National Home Performance Conference, New Orleans, LA To obtain latest updates on policy & procedures, best practice and new procedures and equipment applicable to the Weatherization Program.

**Start date of conference, training or other out of town event:** 04-07-2025

**End date of conference, training or other out of town event:** 04-10-2025

**Departure travel date:** 04-06-2025

**Return travel date:** 04-10-2025

**If travel dates extend before or after the dates related to the purpose of travel, explain why the additional travel days are necessary:** Conference registration starts at 0700 on 04/07/2025. Preconference networking opportunities available on the evening of 04/06/2025.

## Estimate of costs for the requested business travel

**Budget Account Code:** 030 5000 1400

**Registration fees for conference, training or event:** \$995

**Form of Payment:** Invoiced to county

**Estimated transportation cost to and from location:** \$736

**Describe methods of transportation to and from location:** RT flight 636. Ground transportation to and from airport 100.

**Rental Vehicle request:**

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

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

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

**Total Estimated Lodging Costs:** \$1309

**Description of lodging needs, including number of nights and cost per night:** 4 nights @ block rate of 327.20 with tax for lodging at Conference Hotel.

## **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:** \$300

**Estimate such additional expenses:** \$100

**Describe expected additional expenses:** Discounted specials for industry specific publications.

**Estimated total cost of the requested Overnight Business Travel:** \$3440

## **Confirmation and Submission**

By typing my name below, the employee submitting this request certifies that the information provided herein accurately describes the proposed business travel and the requested travel expenses are my best estimate of the costs and expenses related to that travel. I understand that this request requires advance approval by my Department Head and the Parent Committee Chair (if the total is not more than \$2,500) or the Parent Committee (if the total is more than \$2,500).

**Employee Name:**

### **Instructions for Immediate Supervisor other than Department Head**

Please review this Overnight Business Travel Request Form. If you approve the requested travel, please forward the form by email to the Department Head and indicate your approval.

### **Instructions for Department Head**

Please review this Overnight Business Travel Request Form. If you approve the requested travel, please print this form, sign below, scan and email to the Chair of the relevant Parent Committee.

### **Instructions for Parent Committee Chair**

Please review this Overnight Business Travel Request Form. If \$2,500 or less, and you approve the requested travel, please print this form, sign below, scan, and return via email to the Department Head. If more than \$2,500, place this item on the agenda of the relevant Parent Committee. After approval by the Parent Committee, please print this form, sign below, scan, and return via email to the Department Head.

**REVIEWED BY AND DATE APPROVED:**

Signature on file

Department Head: \_\_\_\_\_

Date: 12/11/24

Committee Chair: \_\_\_\_\_

Date: \_\_\_\_\_

If the request is over \$2,500 the Committee Chair certifies that the travel was approved by a majority vote at a scheduled meeting of the Parent Committee

Committee Name: \_\_\_\_\_

Meeting Date: \_\_\_\_\_