## **OVERNIGHT/OUT-OF-STATE TRAVEL REQUEST**

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

REQUEST DATE: 9/	/13/2023		
NAME:		TITLE:	
DEPARTMENT: ETSB		ACCOUNT CODE:	4000-5820-53500/510/610
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PURPOSE OF TRIP: (explain fully the necessity of making the trip)			
To attend the 39th Annual Illinois Public Safety Telecommunications Association (IPSTA) Conference. There are			
continuing education hours being offered throughout the conference. These hours focus on hot topics, telecommunicators, supervisor/manager, and technology sessions.			
noiceonimumeators, supervisor/manager, and technology sessions.			
DESTINATION: Springfield	d, IL		
	,		
DATE OF DEPARTURE: 10/22/2	DATE OF	RETURN ARRIVAL:	10/25/2023
(Please include a detailed explanation			
The IPSTA Conference runs Monday, October 23 through Wednesday, October 25. It is necessary for attendees to			
drive the day before to arrive in time.			
Please indicate the estimated amo	unt for each applicable ex	rpense.	
REGISTRATION:			Ф4 <b>7</b> Г 00
TRANSPORTATION:			\$175.00
LODGING			\$500.00
MISCELLANEOUS EXPENSES (parl	king mileage etc \		\$500.00
RENTAL CAR: (explain fully the nece			\$0.00
TALLETTILE OF ITAL (OXPIGIT TORY THE HOOD	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ψ0.00
REFERENCE MATERIALS:			\$0.00
MEALS: (Per Diems)			\$200.00
TOTAL			\$1,400.00
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R	EVIEWED BY AND DA	TE APPROVED:	
Department Head:			Date:
	(Signature)		
			<b>.</b>
Committee Name:			Date:
	ALL OVERNIGHT TRAVEL		
County Boards			Data
County Board:	ONII V OLIT OF STATE TO A	VEL	Date:
	ONLY OUT-OF-STATE TRA	\V <b>⊑</b> L	

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