

OVERNIGHT/OUT-OF-STATE TRAVEL REQUEST

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

| | |
|--|----------------------------------|
| REQUEST DATE: 7/20/2023 | |
| NAME: Name on file | TITLE: Director |
| DEPARTMENT: OHSEM | ACCOUNT CODE: 1000-1900 |
| PURPOSE OF TRIP: (explain fully the necessity of making the trip) | |
| Attending the annual Illinois Emergency Management Agency and Office of Homeland Security Training Summit. | |
| | |
| DESTINATION: Springfield, IL | |
| DATE OF DEPARTURE: 9/4/2023 | DATE OF RETURN ARRIVAL: 9/8/2023 |
| (Please include a detailed explanation if different from official business dates) | |
| | |
| Please indicate the estimated amount for each applicable expense. | |
| REGISTRATION: | \$75.00 |
| TRANSPORTATION: | \$0.00 |
| LODGING | \$387.60 |
| MISCELLANEOUS EXPENSES (parking, mileage, etc.) | \$40.00 |
| RENTAL CAR: (explain fully the necessity) | \$0.00 |
| | |
| REFERENCE MATERIALS: | \$0.00 |
| MEALS: (Per Diems) | \$167.50 |
| TOTAL | \$670.10 |

REVIEWED BY AND DATE APPROVED:

| | |
|--------------------------|-------------|
| Department Head: _____ | Date: _____ |
| (Signature) | |
| Committee Name: _____ | Date: _____ |
| ALL OVERNIGHT TRAVEL | |
| County Board: _____ | Date: _____ |
| ONLY OUT-OF-STATE TRAVEL | |

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