

## 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: Telecommunicator
DEPARTMENT: ACDC PSAP	ACCOUNT CODE: 4000-5820-53500/510/610
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.	
DESTINATION: Springfield, IL	
DATE OF DEPARTURE: 10/22/2023	DATE OF RETURN ARRIVAL: 10/25/2023
(Please include a detailed explanation if different from official business dates)	
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.	
<b><i>Please indicate the estimated amount for each applicable expense.</i></b>	
REGISTRATION:	\$175.00
TRANSPORTATION:	
LODGING	\$500.00
MISCELLANEOUS EXPENSES (parking, mileage, etc.)	\$525.00
RENTAL CAR: (explain fully the necessity)	\$0.00
REFERENCE MATERIALS:	\$0.00
MEALS: (Per Diems)	\$200.00
TOTAL	\$1,400.00

### 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.