

OVERNIGHT/OUT-OF-STATE TRAVEL REQUEST

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

REQUEST DATE:	7/12/2023		
NAME:		TITLE: WX Assessor
DEPARTMENT: Community Service	ACCOUNT CODE:	5000 1400 22-401028	
PURPOSE OF TRIP: (explain fully the necessity of making the trip)			
Weatherization Grant Funded Training - Weatherization Assessor will attend the Healthy Home Evaluator mandated training - Paid by Weatherization grants. Training is required to ensure assessor is knowledgeable on program and meets program guidelines. Cost includes mileage, hotel, and per diem of approximately \$1,699.39.			
DESTINATION: Champaign			
DATE OF DEPARTURE:	8/6/2023	DATE OF RETURN ARRIVAL:	8/11/2023
(Please include a detailed explanation if different from official business dates)			
Class starts on Monday 8/7/23, so staying overnight on Sunday, 8/6/23			
Please indicate the estimated amount for each applicable expense.			
REGISTRATION:			\$0.00
TRANSPORTATION:			\$0
LODGING			\$1,121.38
MISCELLANEOUS EXPENSES (parking, mileage, etc.)			\$253.51
RENTAL CAR: (explain fully the necessity)			\$0.00
REFERENCE MATERIALS:			\$0.00
MEALS: (Per Diems)			\$324.50
TOTAL			\$1,699.39

REVIEWED BY AND DATE APPROVED:

Signature on File

Department Head: _____
(Signature)

Date: 7/18/23

Committee Name: _____
ALL OVERNIGHT TRAVEL

Date: _____

County Board: _____
ONLY OUT-OF-STATE TRAVEL

Date: _____

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