

## 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: _____	TITLE: <b>Volunteer</b>
Name on file	
DEPARTMENT: OHSEM	ACCOUNT CODE: 1000-1900
PURPOSE OF TRIP: (explain fully the necessity of making the trip)	
ILEAS has requested RapidComm 4 be brought down for the COMT class to being held in Urbana (at ILEAS HQ). The vehicle will be used for training on Thursday Oct. 5 and then will be used by the students as part of a practical exercise on Friday Oct. 6. The volunteer will bring the vehicle to/from ILEAS and staff the vehicle during the training/exercise. Expected reimbursement will be for fuel purchased. ILEAS is providing lodging and meals for the instructors.	
DESTINATION: ILEAS - 1701 E. Main St., Urbana, IL	
DATE OF DEPARTURE: 10/5/2023	DATE OF RETURN ARRIVAL: 10/6/2023
(Please include a detailed explanation if different from official business dates)	
<b>Please indicate the estimated amount for each applicable expense.</b>	
REGISTRATION:	\$0.00
TRANSPORTATION:	\$0.00
LODGING	\$0.00
MISCELLANEOUS EXPENSES (parking, mileage, etc.)	\$75.00
RENTAL CAR: (explain fully the necessity)	\$0.00
REFERENCE MATERIALS:	\$0.00
MEALS: (Per Diems)	\$0.00
<b>TOTAL</b>	<b>\$75.00</b>

**REVIEWED BY AND DATE APPROVED:**  
**Signature on file**

Department Head: \_\_\_\_\_  
(Signature)

Date: 9/2/2023

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.