

## OVERNIGHT/OUT-OF-STATE TRAVEL REQUEST

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

|  |              |                         |                      |
|--|--------------|-------------------------|----------------------|
| REQUEST DATE:  | 1/9/2024     |                         |                      |
| NAME:  | [REDACTED]   | TITLE:                  | County Board Member  |
| DEPARTMENT:  | County Board | ACCOUNT CODE:           | 1000-1001-[REDACTED] |
| PURPOSE OF TRIP: (explain fully the necessity of making the trip)  |              |                         |                      |
| County Board Member to attend the 2024 NACo Legislative Conference in Washington, D.C. from 02/10/2024 - 02/13/2024. |              |                         |                      |
| DESTINATION: Washington, D.C.  |              |                         |                      |
| DATE OF DEPARTURE:   | 2/9/2024     | DATE OF RETURN ARRIVAL: | 2/13/2024            |
| (Please include a detailed explanation if different from official business dates)                                    |              |                         |                      |
| [REDACTED] is arriving on the night before to attend the Orientation at 8:00am on 02/10/2024.                        |              |                         |                      |
| <b>Please indicate the estimated amount for each applicable expense.</b>   |              |                         |                      |
| REGISTRATION:  |              |                         | \$0.00               |
| TRANSPORTATION:  |              |                         | \$232.84             |
| LODGING  |              |                         | \$1,136.00           |
| MISCELLANEOUS EXPENSES (parking, mileage, etc.)  |              |                         | \$125.00             |
| RENTAL CAR: (explain fully the necessity)  |              |                         | \$0.00               |
| REFERENCE MATERIALS:   |              |                         | \$0.00               |
| MEALS: (Per Diems)   |              |                         | \$337.50             |
| TOTAL  |              |                         | \$1,831.34           |

### REVIEWED BY AND DATE APPROVED:

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

Date: \_\_\_\_\_

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.