

OVERNIGHT TRAVEL REQUEST

Valid for ALL overnight travel
Revised 3-14-2017

REQUEST DATE:	8-May-23		
NAME:	TITLE: Community Services Supervisor		
DEPARTMENT: Community Services	ACCOUNT CODE:	5000-1430	
PURPOSE OF TRIP: (explain fully the necessity of making the trip)			
CSBG/WX Grant funded authorization to travel: Community Services Supervisor will attend the annual CSBG and Weatherization mandated grant funding training. Training will pertain to our CSBG 2024 Application and Weather 2024/2025 funding for the State and Federal Weather grants. Cost includes gas, hotel and per diem approx. cost \$188.50. Will be riding in County vehicle no mileage charged just gas for return trip.			
DESTINATION: Springfield, IL			
DATE OF DEPARTURE:	6/7/2023	DATE OF RETURN ARRIVAL:	6/8/2023
(Please include a detailed explanation if different from official business dates)			
Please indicate the estimated amount for each applicable expense.			
REGISTRATION:			\$0.00
TRANSPORTATION:			\$0.00
LODGING			\$100.00
MISCELLANEOUS EXPENSES (parking, mileage, etc.)			\$75.00
RENTAL CAR: (explain fully the necessity)			\$0.00
REFERENCE MATERIALS:			\$0.00
MEALS: (Per Diems)			\$88.50
TOTAL			\$263.50

REVIEWED BY AND DATE APPROVED:

Signature on File

Department Head: _____
 (Signature)

Date: 5/8/23

Committee Name: _____

Date: _____

County Board: _____

Date: _____

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