## **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:		TITLE	County Do and Ma	
NAME:	_	IIILE:	County Board Me	ember
DEPARTMENT: Co	unty Board	ACCOUNT CODE:	1000-100	
BEI ARTIVIERT. GO	unty Board	7,0000111 0002.	1000 100	
PURPOSE OF TRIP: (explain	fully the necessity of	of making the trip)		
		Legislative Conference in Washington,	D.C. from 02/10/2	2024 -
DESTINATION: Wa	ashington, D.C.			
	<u>5</u> ,,			
DATE OF DEPARTURE:	2/9/2024	DATE OF RETURN ARRIVAL:	2/12/2024	
(Please include a detailed exp				
is arriving on the night	pefore to attend the	Orientation at 8:00am on 02/10/2024.		
				3
Please indicate the estimate	ed amount for each	applicable expense.		
REGISTRATION:				\$0.00
TRANSPORTATION:				\$299.80
LODGING	C /- orline railees			\$1,136.00
MISCELLANEOUS EXPENSE RENTAL CAR: (explain fully to	:5 (parking, rnileage	e, etc.)		\$125.00 \$0.00
RENTAL CAR. (explain fully ti	ie necessity)			φυ.υυ
REFERENCE MATERIALS:				\$0.00
MEALS: (Per Diems)				\$258.50
TOTAL				\$1,819.30
	REVIEWED	BY AND DATE APPROVED:		
Department Head:			Date:	
·	(Signature	e)	_	
Committee Name:			Date:	
		RNIGHT TRAVEL		
County Board:			Date: _	
	ONLY OL	JT-OF-STATE TRAVEL		

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