OVERNIGHT TRAVEL REQUEST

Valid for ALL overnight travel Revised 3-14-2017

REQUEST DATE: 26-Mar-23		
NAME		- F (
NAME:	TITLE: Coordinator	
DEPARTMENT: OHSEM	ACCOUNT CODE:	1000-1900
DEL ARTIVIERT. OFFICEIVI	ACCOUNT CODE.	1000-1900
PURPOSE OF TRIP: (explain fully the necessity of	of making the trip)	
DuPage OHSEM is the host agency for ILEAS co		il 26, 2023, ILEAS is hosting
an all-day workshop to issue and train on new equipment. Other than gas reimbursement, there is no cost to DuPage		
County. ILEAS is providing lodging to two team members on the night prior to the workshop. Breakfast is included at		
the hotel and ILEAS is providing lunch during the	workshop.	
DESTINATION: ILEAS - Urbana, IL		
DESTINATION: ILEAS - Urbana, IL		
DATE OF DEPARTURE: 25-Apr-23	DATE OF RETURN ARRIVAL:	26-Apr-23
(Please include a detailed explanation if different		20, 6, 20
Disagningliants the actimated amount for any	a amplicable sympus	
Please indicate the estimated amount for each	i applicable expense.	
REGISTRATION:		\$0.00
TRANSPORTATION:		\$0.00
LODGING		\$0.00
MISCELLANEOUS EXPENSES (parking, mileage	e, etc.)	\$50.00
RENTAL CAR: (explain fully the necessity)		\$0.00
REFERENCE MATERIALS:		\$0.00
MEALS: (Per Diems) TOTAL		\$0.00 \$50.00
TOTAL		φ50.00
REVIEWED	BY AND DATE APPROVED:	
KETIETE		
Department Head:		Date:
Department Head:(Signature	e)	
	•	
Committee Name:		Date:
		
County Board:		Date:

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