

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:	Signature on File		TITLE: Manager of Highway Operations
DEPARTMENT:	Division of Transportation	ACCOUNT CODE:	1500-3510-53610
PURPOSE OF TRIP: (explain fully the necessity of making the trip)			
To attend the Illinois Public Works Mutual Aid Network (IPWMAN) Annual Conference. DuPage County is a member of IPWMAN and provides a formalized system for government agencies to provide and receive emergency assistance in the event of a natural or man-made disasters or other situations that require action or attention beyond the normal capabilities of an agency. This years conference includes targeted sessions on Emergency Management, Forestry, Fleet, and Safety.			
DESTINATION: Double Tree Hotel, Bloomington, IL			
DATE OF DEPARTURE:	10/24/2023	DATE OF RETURN ARRIVAL:	10/25/2023
(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			\$85.00
MISCELLANEOUS EXPENSES (parking, mileage, etc.)			\$0.00
RENTAL CAR: (explain fully the necessity)			\$0.00
REFERENCE MATERIALS:			\$0.00
MEALS: (Per Diems)			\$0.00
TOTAL			\$85.00

REVIEWED BY AND DATE APPROVED:

Department Head: Signature on File
(signature)

Date: 7/24/23

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.