

OVERNIGHT/OUT-OF-STATE TRAVEL REQUEST

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

REQUEST DATE:	3/8/2023
NAME:	[REDACTED]
TITLE:	Workforce Board Manager
DEPARTMENT:	HR - Workforce Development
ACCOUNT CODE:	5000-2840
PURPOSE OF TRIP: (explain fully the necessity of making the trip) Illinois Department of Commerce and Economic Opportunity summit to discuss federal and state policies, allocations, and other issues pertaining to the Workforce Innovation & Opportunity Act.	
DESTINATION: East Peoria, Illinois	
DATE OF DEPARTURE:	5/11/2023
DATE OF RETURN ARRIVAL:	5/12/2023
(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	\$155.68
MISCELLANEOUS EXPENSES (parking, mileage, etc.)	\$180.64
RENTAL CAR: (explain fully the necessity)	\$0.00
REFERENCE MATERIALS:	\$0.00
MEALS: (Per Diems)	\$66.00
TOTAL	\$402.32

REVIEWED BY AND DATE APPROVED:

Department Head: _____
(Signature)

Date: 3/15/23

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.