



**DUPAGE
COUNTY**

SUPERVISOR OF ASSESSMENTS

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www.dupageco.org/soa

DATE: April 3, 2023
TO: Elizabeth Chaplin, Chairwoman
FROM: Helen Krengel, Supervisor of Assessments
SUBJECT: Overnight Travel Request

The State of Illinois Property Tax Appeal Board has scheduled hearings for Monday April 17, 2023 through Thursday, April 20, 2023, for DuPage County. The location of these hearings is in the Property Tax Appeal Board Office, Springfield, Illinois.

All or some of these travel days may not be utilized as appellants have the right to withdraw their appeal up to the day of hearings.

Breakdown of Expenses

Hotel	\$290.70
Per Diem	\$206.50
Tolls/Parking	\$50.00
Mileage	\$236.32
TOTAL	\$783.52

Staff requests approval for a total amount not to exceed \$800.00. All supporting documentation is attached.

/hak

OVERNIGHT/OUT-OF-STATE TRAVEL REQUEST

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

REQUEST DATE:	4/3/2023		
NAME:	[REDACTED]	TITLE:	[REDACTED]
DEPARTMENT:	Board of Review	ACCOUNT CODE:	1000-1810
PURPOSE OF TRIP: (explain fully the necessity of making the trip)			
The State of Illinois Property Tax Appeal Board has scheduled hearings in their office in Springfield, Illinois for DuPage County that must be attended by a Board of Review Member. Note it may be possible that all of these travel days may not be utilized as appellants have the right to withdraw their appeal up until the day of hearing.			
DESTINATION: Springfield, IL			
DATE OF DEPARTURE:	4/17/2023	DATE OF RETURN ARRIVAL:	4/20/2023
(Please include a detailed explanation if different from official business dates)			
Please indicate the estimated amount for each applicable expense.			
REGISTRATION:	\$0.00		
TRANSPORTATION:	\$236.32		
LODGING	\$290.70		
MISCELLANEOUS EXPENSES (parking, mileage, etc.)	\$50.00		
RENTAL CAR: (explain fully the necessity)	\$0.00		
REFERENCE MATERIALS:	\$0.00		
MEALS: (Per Diems)	\$206.50		
TOTAL	\$783.52		

REVIEWED BY AND DATE APPROVED:

Department Head: [REDACTED]
(Signature)

Date: 4-3-2023

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.