OVERNIGHT/OUT-OF-STATE TRAVEL REQUEST

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

REQUEST DATE: 5/23/2023		-
NAME:	TITLE: CD Manager	
DEPARTMENT: CDC	ACCOUNT CODE: 5000-1440	
PURPOSE OF TRIP: (explain fully the necessity of		
	ational Association for County Community & Economic Developm	
	es Annual Conference. 100% Community Development Block Gr	ant
funded.		
DESTINATION AND TV		_
DESTINATION: Austin, TX		_
DATE OF DEDARTURE. 7/40/2022	DATE OF DETUDNIADDIVAL. 7/00/0000	_
DATE OF DEPARTURE: 7/19/2023	DATE OF RETURN ARRIVAL: 7/22/2023	_
(Please include a detailed explanation if different fr	om official business dates)	_
Please indicate the estimated amount for each	applicable expense.	_
DECISTRATION		2 00
REGISTRATION: TRANSPORTATION:	No. of the control of	0.00
LODGING		0.00
	\$1,00	
MISCELLANEOUS EXPENSES (parking, mileage,	the state of the s	5.00
RENTAL CAR: (explain fully the necessity)	\$	0.00
DEFEDENCE MATERIALS		0.00
REFERENCE MATERIALS:		0.00
		4.00
TOTAL	\$1,89	9.00
DEVIEWED I	BY AND DATE APPROVED:	
Signature on File		
process and the state of the st	Date: 5/23/23	
Department Head:	Date: 97 8 7 8 3	
(Signature)		
Committee Name:	Date:	
ALL OVER	NIGHT TRAVEL	
0		
County Board:	Date:	
ONLY OUT	-OF-STATE TRAVEL	

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