

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: Director
DEPARTMENT: Community Services	ACCOUNT CODE: 5000-1440
PURPOSE OF TRIP: (explain fully the necessity of making the trip)	
To attend the NACCED summer meeting, NACo annual conference, and NACo Housing Affordability Task Force	
DESTINATION: Travis County, TX	
DATE OF DEPARTURE: 7/19/2023	DATE OF RETURN ARRIVAL: 7/25/2023
(Please include a detailed explanation if different from official business dates)	
Please indicate the estimated amount for each applicable expense.	
REGISTRATION:	\$600.00
TRANSPORTATION:	\$500.00
LODGING	\$2,000.00
MISCELLANEOUS EXPENSES (parking, mileage, etc.)	\$100.00
RENTAL CAR: (explain fully the necessity)	\$0.00
REFERENCE MATERIALS:	\$0.00
MEALS: (Per Diems)	\$448.00
TOTAL	\$3,648.00

REVIEWED BY AND DATE APPROVED:

Signature on File

Department Head: _____

Date: 5/23/23

(Signature)

Committee Name: _____

Date: _____

ALL OVERNIGHT TRAVEL

County Board: _____

Date: _____

ONLY OUT-OF-STATE TRAVEL

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