

OVERNIGHT/OUT-OF-STATE TRAVEL REQUEST

Valid for overnight and/or out-of-state travel

Revised 1-08-2019

REQUEST DATE:	1/8/2024		
NAME:	I	TITLE:	Director
DEPARTMENT:	Community Services	ACCOUNT CODE:	5000-1440
PURPOSE OF TRIP: (explain fully the necessity of making the trip)			
NACCED CDBG Hill Briefing and Legislative Conference, NACo Legislative Conference			
DESTINATION: Washington DC			
DATE OF DEPARTURE:	2/7/2024	DATE OF RETURN ARRIVAL:	2/13/2024
(Please include a detailed explanation if different from official business dates)			
Please indicate the estimated amount for each applicable expense.			
REGISTRATION:	\$575.00		
TRANSPORTATION:	\$350.00		
LODGING	\$2,000.00		
MISCELLANEOUS EXPENSES (parking, mileage, etc.)	\$200.00		
RENTAL CAR: (explain fully the necessity)	\$0.00		
REFERENCE MATERIALS:	\$0.00		
MEALS: (Per Diems)	\$513.50		
TOTAL	\$3,638.50		

REVIEWED BY AND DATE APPROVED:

Signature on File

Department Head: _____

Date: 1/8/24

(Signature)

Committee Name: _____

Date: _____

ALL OVERNIGHT TRAVEL

County Board: _____

Date: _____

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