

## OVERNIGHT/OUT-OF-STATE TRAVEL REQUEST

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

REQUEST DATE: 7/17/2023	
NAME: Signature on File	TITLE: Highway Mntce Supervisor
DEPARTMENT: Division of Transportation	ACCOUNT CODE: 1500-3510-53610
PURPOSE OF TRIP: (explain fully the necessity of making the trip) IPWMAN Disaster assistance in Macomb, IL. Lodging, travel, and meal expenses to be provided or reimbursed by IPWMAN as noted below in the itemized expenses.	
DESTINATION: Macomb, IL	
DATE OF DEPARTURE: 7/17/2023	DATE OF RETURN ARRIVAL: 7/21/2023
(Please include a detailed explanation if different from official business dates)	
<b>Please indicate the estimated amount for each applicable expense.</b>	
REGISTRATION:	\$0.00
TRANSPORTATION:	\$0.00
LODGING	\$0.00
MISCELLANEOUS EXPENSES (parking, mileage, etc.)	\$0.00
RENTAL CAR: (explain fully the necessity)	\$0.00
REFERENCE MATERIALS:	\$0.00
MEALS: (Per Diems)	\$265.50
<b>TOTAL</b>	<b>\$265.50</b>

**REVIEWED BY AND DATE APPROVED:**

Department Head: Signature on File  
(Signature)

Date: 7/24/23

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.