

OVERNIGHT TRAVEL REQUEST

Valid for ALL overnight travel
Revised 3-14-2017

REQUEST DATE:	4-Aug-23		
NAME:	I	TITLE:	Administrator
DEPARTMENT:	Community Services	ACCOUNT CODE:	5000-1400
PURPOSE OF TRIP: (explain fully the necessity of making the trip)			
Weatherization Grant funded authorization to travel: Administrator will attend the Weatherization Coordinator training put on by DECO to better understand the Weatherization process, program planning, budgeting and weatherization job development. Cost includes mileage, tolls, hotel and per diem approx. cost \$880.			
DESTINATION: Champaign, IL			
DATE OF DEPARTURE:	10/23/2023	DATE OF RETURN ARRIVAL:	10/27/2023
(Please include a detailed explanation if different from official business dates)			
Please indicate the estimated amount for each applicable expense.			
REGISTRATION:		\$0.00	
TRANSPORTATION:		\$0.00	
LODGING		\$395.00	
MISCELLANEOUS EXPENSES (parking, mileage, etc.)		\$215.00	
RENTAL CAR: (explain fully the necessity)		\$0.00	
REFERENCE MATERIALS:		\$0.00	
MEALS: (Per Diems)		\$270.00	
TOTAL		\$880.00	

REVIEWED BY AND DATE APPROVED:

Signature on File

Department Head: _____ Date: 8/8/23

(Signature)

Committee Name: _____ Date: _____

County Board: _____ Date: _____

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