



DuPage County Employee Overnight Business Travel Expense Reimbursement Request

This expense form is used to request advance approval for County reimbursement of **overnight travel expenses**. Advance approval is required for County reimbursement for all overnight travel whether in-state or out-of-state. After travel is completed, a separate Overnight Business Travel Report Form must be completed and submitted to receive reimbursement for travel expenses.

Elected Officials subject to 50 ILCS 150/15 should not use this Overnight Business Travel Request Form.
Applicable form for Elected Officials subject to 50 ILCS 150/15.

Do not use this form for travel that does not include an overnight stay. Advance approval is not required for travel that does not include an overnight stay.

Written documentation is not required for approval prior to travel. However, complete itemized documentation is required for reimbursement after travel.

Please review the County's Business Travel Expense Policy before completing this form.

The County's Business Travel Expense Policy : ["Yes"]

Employee Name: §

Employee Email Address @dupagecounty.gov

Department: Community Services Adult Protective Services

Supervisor Email: natasha.belli@dupagecounty.gov

Secondary Department Contact (Department Admin or Accounts Payable):

mary.keating@dupagecounty.gov

Description of the Requested Business Travel

Event or Conference Name: National Adult Protective Services

Event Location (City/State): Bellevue, WA

Description of conference, training or other events including County business purpose: To attend the National Adult Protective Services Conference 9/7-9/11/25 to learn about the most current trends in APS. Grant funded.

Start date of conference, training or other out of town event: 09-08-2025

End date of conference, training or other out of town event: 09-10-2025

Departure travel date: 09-07-2025

Return travel date: 09-11-2025

If travel dates extend before or after the dates related to the purpose of travel, explain why the additional travel days are necessary: The conference starts on 9/8/25 at 8a PT (6a Central) and ends on 9/10/25 at 3p PT (5p Central).

Estimate of costs for the requested business travel

Budget Account Code: 5000-1660 25-703F (APS ARPA Funds) and/or 5000-1720 (APS Training)

Registration fees for conference, training or event: \$700

Form of Payment: Invoiced to county

Estimated transportation cost to and from location: \$450

Describe methods of transportation to and from location: Air travel to Seattle, WA, via Southwest Airlines, from Chicago Midway Airport on 9/7/25-\$200 approx. Air travel from Seattle, WA, via Southwest Airlines, to Chicago Midway Airport on 9/11/25-\$180 approx. Ground transportation, via Bellevue Airport Shuttle-Eagle Shuttle Service-approx. \$35 one-way or \$70 round trip approx.

Rental Vehicle request:

Provide estimated rental car cost: \$

Describe reason(s) for vehicle rental:

Business Travel Expense Policy - Supplemental Insurance:

Total Estimated Lodging Costs: \$1200

Description of lodging needs, including number of nights and cost per night: Hyatt Regency Bellevue on Seattle's Eastside (900 Bellevue Way NE, Bellevue, WA 98004-4272) for 4 nights (9/7-9/11/25) at \$288.47 per night x 4 nights=\$1153.86

Meal Per Diem Policy

See **Business Travel Expense Policy Section 6.0** regarding meal per diems. Individual meals, **including room service**, are not reimbursable and meal receipts are not required or accepted. Tips are included in the per diem and are not reimbursable. Per diems are paid at 100% of applicable GSA CONUS rates for non-travel days and at 75% of applicable GSA CONUS rates for the travel day at the beginning of the trip and the travel day for returning from the trip.

See the per diem rates at <https://www.gsa.gov/travel/plan-book/per-diem-rates>.

Estimate Total Per Diem expenses: \$320

Estimate such additional expenses: \$0

Describe expected additional expenses:

Estimated total cost of the requested Overnight Business Travel: \$2670

Confirmation and Submission

By typing my name below, the employee submitting this request certifies that the information provided herein accurately describes the proposed business travel and the requested travel expenses are my best estimate of the costs and expenses related to that travel. I understand that this request requires advance approval by my Department Head and the Parent Committee Chair (if the total is not more than \$2,500) or the Parent Committee (if the total is more than \$2,500).

Employee Name: :

Instructions for Immediate Supervisor other than Department Head

Please review this Overnight Business Travel Request Form. If you approve the requested travel, please forward the form by email to the Department Head and indicate your approval.

Instructions for Department Head

Please review this Overnight Business Travel Request Form. If you approve the requested travel, please print this form, sign below, scan and email to the Chair of the relevant Parent Committee.

Instructions for Parent Committee Chair

Please review this Overnight Business Travel Request Form. If \$2,500 or less, and you approve the requested travel, please print this form, sign below, scan, and return via email to the Department Head. If more than \$2,500, place this item on the agenda of the relevant Parent Committee. After approval by the Parent Committee, please print this form, sign below, scan, and return via email to the Department Head.

REVIEWED BY AND DATE APPROVED:

Signature on File

Department Head: _____

Date: 6/30/25 _____

Signature on File

Committee Chair: _____

Date: 7/1/25 _____

If the request is over \$2,500 the Committee Chair certifies that the travel was approved by a majority vote at a scheduled meeting of the Parent Committee

Committee Name: _____

Meeting Date: _____