



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: upagecounty.gov

Department: Community Services

Supervisor Email: Gina.Strafford@dupagecounty.gov

Secondary Department Contact (Department Admin or Accounts Payable):

Description of the Requested Business Travel

Event or Conference Name: National Human Services Data Consortium

Event Location (City/State): Albuquerque, NM

Description of conference, training or other events including County business purpose: National Human Services Data Consortium (NHSDC) conference, in Albuquerque, NM, brings together HMIS System Administrators, direct service providers, and persons with lived experience to learn about data requirements, uses, and best practices as well as Federal updates as it pertains to HMIS. Related costs are grant funded.

Start date of conference, training or other out of town event: 04-13-2026

End date of conference, training or other out of town event: 04-15-2026

Departure travel date: 04-12-2026

Return travel date: 04-16-2026

If travel dates extend before or after the dates related to the purpose of travel, explain why the additional travel days are necessary: Allow to arrive on time for the start of the conference and to participate in the full last day of the conference. I am also on the conference planning committee and will be assisting with pre and post conference tasks.

Estimate of costs for the requested business travel

Budget Account Code: 5000-1480

Registration fees for conference, training or event: \$743

Form of Payment: Invoiced to county

Estimated transportation cost to and from location: \$850

Describe methods of transportation to and from location: Roundtrip airfare and rides to and from the airport.

Rental Vehicle request:

Provide estimated rental car cost: \$

Describe reason(s) for vehicle rental:

Business Travel Expense Policy - Supplemental Insurance:

Total Estimated Lodging Costs: \$1000

Description of lodging needs, including number of nights and cost per night: The Clyde Hotel (conference location), 4 nights at \$241.66 (includes taxes and fees)/night.

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: \$300

Estimate such additional expenses: \$0

Describe expected additional expenses:

Estimated total cost of the requested Overnight Business Travel: \$2893

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: ✓-D

Date: 1/20/26

Signature on File

Committee Chair: ✓-JCO-D

Date: 1/20/26

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: Human Services

Meeting Date: 2/3/26