

OVERNIGHT/OUT-OF-STATE TRAVEL REQUEST

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

REQUEST DATE:	7/20/2023		
NAME:	Name on file _____		TITLE: Coordinator
DEPARTMENT: OHSEM	ACCOUNT CODE:	1000-1900	
PURPOSE OF TRIP: (explain fully the necessity of making the trip)			
ILEAS has requested Coordinator to be part of the instructor cadre for a COMT class to be held in Urbana (at ILEAS HQ) on Oct. 2-6, 2023. Serving as an adjunct for this course allows him to complete his DHS/CISA certification to instruct the All-Hazards Communications Unit Technician (COMT) course. There is no cost to DuPage County as ILEAS is providing lodging and meals for the instructors.			
DESTINATION: ILEAS - 1701 E. Main St., Urbana, IL			
DATE OF DEPARTURE:	10/2/2023	DATE OF RETURN ARRIVAL:	10/6/2023
(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			\$0.00
MISCELLANEOUS EXPENSES (parking, mileage, etc.)			\$0.00
RENTAL CAR: (explain fully the necessity)			\$0.00
REFERENCE MATERIALS:			\$0.00
MEALS: (Per Diems)			\$0.00
TOTAL			\$0.00

REVIEWED BY AND DATE APPROVED:
Signature on file

Department Head: _____
(Signature)

Date: 9/7/2023

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.