

OVERNIGHT/OUT-OF-STATE TRAVEL REQUEST

Valid for overnight and/or out-of-state travel

Revised 1-08-2019

REQUEST DATE:	3/29/2023		
NAME:	Signature on File	TITLE:	Heavy Equipment Crew Leader
DEPARTMENT:	Division of Transportation	ACCOUNT CODE:	1500-3510-53610
PURPOSE OF TRIP: (explain fully the necessity of making the trip)			
To attend the Illinois Public Service Institute (IPSI) Focus on Service Excellence. (3 of 3)			
DESTINATION: Keller Convention Center, Effingham, Illinois			
DATE OF DEPARTURE: 10/1/2023		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:	\$775.00		
TRANSPORTATION:	\$254.24		
LODGING	\$666.40		
MISCELLANEOUS EXPENSES (parking, mileage, etc.)	\$0.00		
RENTAL CAR: (explain fully the necessity)	\$0.00		
REFERENCE MATERIALS:	\$0.00		
MEALS: (Per Diems)	\$160.00		
TOTAL	\$1,855.64		

REVIEWED BY AND DATE APPROVED:

Department Head: Signature on File
(Signature)

Date: 5/11/23

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.