

OVERNIGHT/OUT-OF-STATE TRAVEL REQUEST

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

REQUEST DATE:	5/15/2023
NAME:	TITLE: Administrator
DEPARTMENT: Community Services	ACCOUNT CODE: 5000-1650/1420
PURPOSE OF TRIP: (explain fully the necessity of making the trip)	
CSBG Grant funded authorization to travel: Administrator will attend the National Community Action Partnership 2023 Training Conference 8/21/23-8/25/23, Atlanta, Georgia. Conference will provide training and networking on CSBG, LIHEAP and Weatherization grants. It will also provide training on best practices for operating these programs funded by our federal and state grants. Costs include registration, flight, taxi/uber, hotel, per diems of approximately \$2876.	
DESTINATION: Atlanta, Georgia	
DATE OF DEPARTURE: 8/21/2023	DATE OF RETURN ARRIVAL: 8/25/2023
(Please include a detailed explanation if different from official business dates)	
Please indicate the estimated amount for each applicable expense.	
REGISTRATION:	\$1,188.00
TRANSPORTATION:	\$300.00
LODGING	\$955.00
MISCELLANEOUS EXPENSES (parking, mileage, etc.)	\$100.00
RENTAL CAR: (explain fully the necessity)	\$0.00
REFERENCE MATERIALS:	\$0.00
MEALS: (Per Diems)	\$333.00
TOTAL	\$2,876.00

REVIEWED BY AND DATE APPROVED:

Signature on File

Department Head: _____
(Signature)

Date: 5/22/23

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.