OVERNIGHT/OUT-OF-STATE TRAVEL REQUEST

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

REQUEST DATE: 4/4/2023	
NAME: Signature on File	TITLE: Director of Transportation/
SIGNATURE ON THE	County Engineer
DEPARTMENT: Division of Transportation ACC	COUNT CODE: 1500-3500
PURPOSE OF TRIP: (explain fully the necessity of making the trip)	
To attend the 2023 Spring meeting of the Illinois Association of County E annual basis, for County Engineers and speakers from IDOT, the FHWA up to date on various transportation related topics.	and others, which keeps the County Engineers
DESTINATION: Bloomington, Illinois	
DATE OF DEPARTURE: 5/8/2023 DATE OF RETUR	
(Please include a detailed explanation if different from official business d	ates)
Please indicate the estimated amount for each applicable expense.	
REGISTRATION:	\$200.00
TRANSPORTATION:	\$0.00
LODGING	\$375.00
MISCELLANEOUS EXPENSES (parking, mileage, etc.)	\$150.00
RENTAL CAR: (explain fully the necessity)	\$0.00
REFERENCE MATERIALS:	\$0.00
MEALS: (Per Diems)	\$162.25
TOTAL	\$887.25
REVIEWED BY AND DATE A	PPROVED:
Department Head: Signature on File	Date: 3/22/23
Committee Name:	Date:
ALL OVERNIGHT TRAVEL	
County Board:	Date:
ONLY OUT-OF-STATE TRAVEL	

Please note: If actual costs exceed the estimates, this form must be re-submitted for approval.