

OVERNIGHT/OUT-OF-STATE TRAVEL REQUESTValid for overnight and/or out-of-state travel
Revised 1-08-2019

REQUEST DATE:	6/22/2023		
NAME:	TITLE: Community Services Manager		
DEPARTMENT: Community Services (APS)	ACCOUNT CODE:	5000-1720	
PURPOSE OF TRIP: (explain fully the necessity of making the trip)			
To attend the National Adult Protective Services Conference to learn the most current trends in APS. Grant Funded.			
DESTINATION: Boston, MA			
DATE OF DEPARTURE:	8/27/2023	DATE OF RETURN ARRIVAL:	8/31/2023
(Please include a detailed explanation if different from official business dates)			
Traveling on 8/27/23 for NAPSA conference since it starts on 8/28.			
Please indicate the estimated amount for each applicable expense.			
REGISTRATION:			\$550.00
TRANSPORTATION:			\$330.00
LODGING			\$1,230.00
MISCELLANEOUS EXPENSES (parking, mileage, etc.)			\$115.00
RENTAL CAR: (explain fully the necessity)			\$0.00
REFERENCE MATERIALS:			\$0.00
MEALS: (Per Diems)			\$281.50
TOTAL			\$2,506.50

REVIEWED BY AND DATE APPROVED:

Signature on File

Department Head: _____

 (Signature)Date: 6/26/23

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.