

OVERNIGHT/OUT-OF-STATE TRAVEL REQUEST

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

REQUEST DATE:	7/3/2023		
NAME:	TITLE: Housing & Community Development		
DEPARTMENT: CDC	ACCOUNT CODE:	5000-1440	
PURPOSE OF TRIP: (explain fully the necessity of making the trip)			
Housing & Community Development Planner to attend the National Association for County Community & Economic Development (NACCED) Annual Educational Conference and Training. 100% Community Development Block Grant funded.			
DESTINATION: Salt Lake City, UT			
DATE OF DEPARTURE:	9/18/2023	DATE OF RETURN ARRIVAL:	9/21/2023
(Please include a detailed explanation if different from official business dates)			
Please indicate the estimated amount for each applicable expense.			
REGISTRATION:			\$605.00
TRANSPORTATION:			\$700.00
LODGING			\$630.00
MISCELLANEOUS EXPENSES (parking, mileage, etc.)			\$175.00
RENTAL CAR: (explain fully the necessity)			\$0.00
REFERENCE MATERIALS:			\$0.00
MEALS: (Per Diems)			\$224.00
TOTAL			\$2,334.00

REVIEWED BY AND DATE APPROVED:

Signature on File

Department Head: _____
(Signature)

Date: 7/6/23

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.

OVERNIGHT/OUT-OF-STATE TRAVEL REQUEST

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Revised 1-08-2019

REQUEST DATE:	7/3/2023		
NAME:	TITLE: Sr. Housing/Com. Dev. Planner		
DEPARTMENT: Community Services - CDC	ACCOUNT CODE:	5000-1440	
PURPOSE OF TRIP: (explain fully the necessity of making the trip)			
Senior Housing and Community Development Planner to attend the National Association for County Community & Economic Development (NACCED) Annual Educational Conference and Training. 100% Community Development Block Grant funded.			
DESTINATION: Salt Lake City, UT			
DATE OF DEPARTURE:	9/18/2023	DATE OF RETURN ARRIVAL:	9/21/2023
(Please include a detailed explanation if different from official business dates)			
Please indicate the estimated amount for each applicable expense.			
REGISTRATION:			\$605.00
TRANSPORTATION:			\$650.00
LODGING			\$630.00
MISCELLANEOUS EXPENSES (parking, mileage, etc.)			\$250.00
RENTAL CAR: (explain fully the necessity)			\$0.00
REFERENCE MATERIALS:			\$0.00
MEALS: (Per Diems)			\$224.00
TOTAL			\$2,359.00

REVIEWED BY AND DATE APPROVED:

Department Head: _____
(Signature)

Date: 7/6/23

Committee Name: _____
ALL OVERNIGHT TRAVEL

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REQUEST DATE:	7/3/2023		
NAME:	TITLE: CD Manager		
DEPARTMENT: CDC	ACCOUNT CODE:	5000-1440	
PURPOSE OF TRIP: (explain fully the necessity of making the trip)			
Community Development Manager to attend the National Association for County Community & Economic Development (NACCED) Annual Educational Conference and Training. 100% Community Development Block Grant funded.			
DESTINATION: Salt Lake City, UT			
DATE OF DEPARTURE:	9/18/2023	DATE OF RETURN ARRIVAL:	9/21/2023
(Please include a detailed explanation if different from official business dates)			
Please indicate the estimated amount for each applicable expense.			
REGISTRATION:			\$605.00
TRANSPORTATION:			\$650.00
LODGING			\$630.00
MISCELLANEOUS EXPENSES (parking, mileage, etc.)			\$175.00
RENTAL CAR: (explain fully the necessity)			\$0.00
REFERENCE MATERIALS:			\$0.00
MEALS: (Per Diems)			\$224.00
TOTAL			\$2,284.00

REVIEWED BY AND DATE APPROVED:
Signature on File

Department Head: _____
[Signature]
(Signature)

Date: 7/6/23

Committee Name: _____
 ALL OVERNIGHT TRAVEL

Date: _____

County Board: _____
 ONLY OUT-OF-STATE TRAVEL

Date: _____

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

REQUEST DATE: 7/3/2023	
NAME:	TITLE: Housing & Com Dev Planner
DEPARTMENT: CDC	ACCOUNT CODE: 5000-1440
PURPOSE OF TRIP: (explain fully the necessity of making the trip) Housing and Community Development Planner to attend the National Association for County Community & Economic Development (NACCED) Annual Educational Conference and Training. 100% Community Development Block Grant funded.	
DESTINATION: Salt Lake City, UT	
DATE OF DEPARTURE: 9/18/2023	DATE OF RETURN ARRIVAL: 9/21/2023
(Please include a detailed explanation if different from official business dates)	
Please indicate the estimated amount for each applicable expense.	
REGISTRATION:	\$605.00
TRANSPORTATION:	\$650.00
LODGING	\$630.00
MISCELLANEOUS EXPENSES (parking, mileage, etc.)	\$175.00
RENTAL CAR: (explain fully the necessity)	\$0.00
REFERENCE MATERIALS:	\$0.00
MEALS: (Per Diems)	\$224.00
TOTAL	\$2,284.00

REVIEWED BY AND DATE APPROVED:

Signature on File

Department Head:  (Signature) Date: 7/6/23

Committee Name: _____ Date: _____
ALL OVERNIGHT TRAVEL

County Board: _____ Date: _____
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