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:	███████████	TITLE: CIO

DEPARTMENT: IT	ACCOUNT CODE: 1000-1110

PURPOSE OF TRIP: (explain fully the necessity of making the trip)

To attend the Illinois Counties Information Management Association (ICIMA) Spring Conference.

DESTINATION: Chicago, IL

DATE OF DEPARTURE: 5/3/2023	DATE OF RETURN ARRIVAL: 5/5/2023

(Please include a detailed explanation if different from official business dates)

Please indicate the estimated amount for each applicable expense.

REGISTRATION:	$500.00
TRANSPORTATION:	$0.00
LODGING	$0.00
MISCELLANEOUS EXPENSES (parking, mileage, etc.)	$0.00
RENTAL CAR: (explain fully the necessity)	$0.00
REFERENCE MATERIALS:	$0.00
MEALS: (Per Diems)	$0.00
TOTAL	$500.00

REVIEWED BY AND DATE APPROVED:

ALM
ALM

Department Head: Signature on File _____   Date: 03/27/2023
            (Signature)

Committee Name: Technology Committee _____   Date: 4/4/2023
            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.