

## OVERNIGHT TRAVEL REQUEST

Valid for ALL overnight travel  
Revised 3-14-2017

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| REQUEST DATE: 3-May-23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |
| NAME:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TITLE: EM Specialist              |
| DEPARTMENT: OHSEM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ACCOUNT CODE: 1000-1900           |
| PURPOSE OF TRIP: (explain fully the necessity of making the trip)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |
| Authorization is requested for overnight travel for this Emergency Management Specialist to attend the Multi-Agency Resource Center (MARC) Training at the ILEAS Training Center in Urbana, Illinois. The dates of travel are May 30, 2023 through May 31, 2023. This training will provide an overview of the MARC goals, set-up and operations. It is important for this Specialist to attend this training as he is responsible for coordinating the development of DuPage County's Multi-Agency Resource Center Plan development. The cost to DuPage County would be \$254.55 for gasoline, |                                   |
| DESTINATION: ILEAS Training Center - Urbana, IL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |
| DATE OF DEPARTURE: 30-May-23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DATE OF RETURN ARRIVAL: 31-May-23 |
| (Please include a detailed explanation if different from official business dates)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |
| <b><i>Please indicate the estimated amount for each applicable expense.</i></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |
| REGISTRATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$0.00                            |
| TRANSPORTATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$70.00                           |
| LODGING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$96.05                           |
| MISCELLANEOUS EXPENSES (parking, mileage, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$0.00                            |
| RENTAL CAR: (explain fully the necessity)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$0.00                            |
| REFERENCE MATERIALS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$0.00                            |
| MEALS: (Per Diems)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$88.50                           |
| TOTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$254.55                          |

### REVIEWED BY AND DATE APPROVED:

Department Head: \_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

Committee Name: \_\_\_\_\_

Date: \_\_\_\_\_

County Board: \_\_\_\_\_

Date: \_\_\_\_\_

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