

## OVERNIGHT/OUT-OF-STATE TRAVEL REQUEST

Valid for overnight and/or out-of-state travel

Revised 1-08-2019

REQUEST DATE:	3/29/2023			
NAME:	Signature on File		TITLE:	Project Engineer
DEPARTMENT:	Division of Transportation		ACCOUNT CODE:	1500-3500-53610
PURPOSE OF TRIP: (explain fully the necessity of making the trip)				
To attend the Illinois Public Service Institute (IPSI) Focus on Service Excellence. (1 of 3)				
DESTINATION: Keller Convention Center, Effingham, Illinois				
DATE OF DEPARTURE: 10/1/2023		DATE OF RETURN ARRIVAL: 10/6/2023		
(Please include a detailed explanation if different from official business dates)				
Please indicate the estimated amount for each applicable expense.				
REGISTRATION:				\$775.00
TRANSPORTATION:				\$254.24
LODGING				\$666.40
MISCELLANEOUS EXPENSES (parking, mileage, etc.)				\$0.00
RENTAL CAR: (explain fully the necessity)				\$0.00
REFERENCE MATERIALS:				\$0.00
MEALS: (Per Diems)				\$160.00
TOTAL				\$1,855.64

### REVIEWED BY AND DATE APPROVED:

Department Head: Signature on File  
(Signature)

Date: 5/1/23

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.