OVERNIGHT TRAVEL REQUEST

Valid for ALL overnight travel Revised 3-14-2017

REQUEST DATE: 8-May-23		
NAME:	TITLE: Coordinator	
DEDARTMENT, OLICEM	ACCOUNT CODE:	4000 4000
DEPARTMENT: OHSEM	ACCOUNT CODE:	1000-1900
PURPOSE OF TRIP: (explain fully the necessity	of making the trin)	
Authorization is requested for the OHSEM Com		nd a Communications Unit
(COMU) Program Working Group at the ILEAS		
through June 8, 2023. IEMA's Division of States		
Communications, has established this working g		
Lodging and meals are provided. No cost to Du		orner rogram at the state level.
Loughig and mode die provided. The book to but	age county.	
DESTINATION: ILEAS - 1701 E. Mair	n St., Urbana, IL	
	,	
DATE OF DEPARTURE: 7-Jun-23	DATE OF RETURN ARRIVAL:	8-Jun-23
(Please include a detailed explanation if differen	t from official business dates)	
Please indicate the estimated amount for each	en applicable expense.	
DECISTRATION:		\$0.00
REGISTRATION: TRANSPORTATION:		\$0.00
LODGING		\$0.00
MISCELLANEOUS EXPENSES (parking, mileage	re etc)	\$0.00
RENTAL CAR: (explain fully the necessity)	ge, etc.)	\$0.00
The transfer of the Completion of the House only		45.55
REFERENCE MATERIALS:		\$0.00
MEALS: (Per Diems)		\$0.00
TOTAL		\$0.00
REVIEWEI	D BY AND DATE APPROVED:	
Department Head:		Date:
(Signatu	ıre)	
Committee Name:		Date:
County Board:		Date:

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