

OVERNIGHT TRAVEL REQUEST

Valid for ALL overnight travel
Revised 3-14-2017

REQUEST DATE:	8-May-23
NAME:	TITLE: Community Services Manager
DEPARTMENT: Community Services	ACCOUNT CODE: 5000-1650
PURPOSE OF TRIP: (explain fully the necessity of making the trip)	
CSBG/WX Grant funded authorization to travel: Community Services Manager will attend the annual CSBG and Weatherization mandated grant funding training. Training will pertain to our CSBG 2024 Application and Weather 2024/2025 funding for the State and Federal Weather grants. Cost includes hotel and per diem approx. cost \$347. Will be riding with Administrator, mileage included in her request.	
DESTINATION: Springfield, IL	
DATE OF DEPARTURE: 6/6/2023	DATE OF RETURN ARRIVAL: 6/8/2023
(Please include a detailed explanation if different from official business dates)	
Please indicate the estimated amount for each applicable expense.	
REGISTRATION:	\$0.00
TRANSPORTATION:	\$0.00
LODGING	\$200.00
MISCELLANEOUS EXPENSES (parking, mileage, etc.)	\$0.00
RENTAL CAR: (explain fully the necessity)	\$0.00
REFERENCE MATERIALS:	\$0.00
MEALS: (Per Diems)	\$147.00
TOTAL	\$347.00

REVIEWED BY AND DATE APPROVED:

Signature on File

Department Head: _____
(Signature)

Date: 5/8/23

Committee Name: _____

Date: _____

County Board: _____

Date: _____

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