## **OVERNIGHT/OUT-OF-STATE TRAVEL REQUEST**

Valid for overnight and/or out-of-state travel Revised 1-08-2019

REQUEST DATE: 8	/9/2023		
NAME:		TITLE:	Telecommunicator
DEPARTMENT: E	TSB PSAP	ACCOUNT CODE:	4000-5820-53500/510/610
DUDDOCE OF TDID: (****!-	in fully the manager of	and the state of	
PURPOSE OF TRIP: (explain	in fully the necessity of	maкing tne trip) ers' Group Conference. This confere	noo baingo togothor nublic
safety professionals to discu Hexagon/Intergraph's compu	ss current trends, issue uter aided dispatch (CA nologies allow field pers	ers Group Conference. This conferences of interest and best practices that D) enables call takers and dispatche connel to receive and acknowledge d	impact the industry. rs to communicate incident
DECTINATION: D	llana TV		
DESTINATION: P	rano, 1X		
DATE OF DEPARTURE:	11/6/2023	DATE OF RETURN ARRIVAL:	11/9/2023
(Please include a detailed ex			11/0/2020
HPSUG starts early the more for the conference.	ning of November 7. It i	s necessary for attendees to travel th	ne day before to arrive in time
Please indicate the estima	ted amount for each a	applicable expense.	
REGISTRATION:			\$600.00
TRANSPORTATION:			\$700.00
LODGING	CEC (norking mileage	oto \	\$800.00 \$400.00
MISCELLANEOUS EXPENSES (parking, mileage, etc.)  RENTAL CAR: (explain fully the necessity)			\$0.00
RENTAL CAR. (explain fully	the necessity)		\$0.00
REFERENCE MATERIALS:			\$0.00
MEALS: (Per Diems)			\$200.00
TOTAL			\$2,700.00
REVIEWED BY AND DATE APPROVED:			
Department Head:			Date:
. –	(Signature)		-
Committee News			Data
Committee Name:		NIGHT TRAVEL	Date:
	ALL OVERN	NIGHT 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.