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
NAME:	TITLE:
DEPARTMENT: ETSB	ACCOUNT CODE: 4000-5820-53500/510/610
DEL ARTIMENT. ETOB	ACCOUNT CODE. 4000-3020-33300/310/010
PURPOSE OF TRIP: (explain fully the necessity of	making the trip)
To attend the 6th annual Hexagon Public Safety Us	ers' Group Conference. This conference brings together public
safety professionals to discuss current trends, issue	s of interest and best practices that impact the industry.
Hexagon/Intergraph's computer aided dispatch (CA	D) enables call takers and dispatchers to communicate incident
	onnel to receive and acknowledge disptach messages, view incident
details and query databases.	
DESTINATION: Plano, TX	
DATE OF DEPARTURE: 11/6/2023	DATE OF RETURN ARRIVAL: 11/9/2023
(Please include a detailed explanation if different from	
	s necessary for attendees to travel the day before to arrive in time
for the conference.	,
Please indicate the estimated amount for each a	pplicable expense.
DECICED ATION	фоосо
REGISTRATION:	\$600.00
TRANSPORTATION: LODGING	\$700.00 \$800.00
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MISCELLANEOUS EXPENSES (parking, mileage, RENTAL CAR: (explain fully the necessity)	etc.) \$400.00 \$0.00
RENTAL CAR. (explain fully the necessity)	\$0.00
REFERENCE MATERIALS:	\$0.00
MEALS: (Per Diems)	\$200.00
TOTAL	\$2,700.00
DEV//EN/ED E	W AND DATE ADDROVED
REVIEWED E	BY AND DATE APPROVED:
Department Head:	Date:
(Signature)	
(Cignature)	
Committee Name:	Date:
	IIGHT 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.