

TRAVEL REQUEST FORM							
NAME	Sarah Miley				DATE	2/20/2026	
DATE OF EVENT	April 8-10, 2026				PROGRAM CHARGED TO	340B	
EVENT START DATE	04/08/26	EVENT START TIME	1:00 pm	DEPARTURE TIME	8:00 am		
EVENT END DATE	04/10/26	EVENT END TIME	5:00 pm	RETURN TIME			
EVENT NAME	2026 HIV Biomedical Prevention Summit						
LOCATION	Chicago, Marriott Downtown				COUNTY	Cook	STATE IL

EVENT BENEFIT

CEU's	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Professional Growth	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Program Required	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ODRS Field Record #'s								
Special Notes								

ESTIMATED COVERED EXPENSES

							TOTALS
Registration Fees							\$ 500.00
Lodging Expenses	3	X	256	X	=		\$ 768.00
	# of Nights		\$Rate/Night	% Tax Rate			
Names of employees sharing room							
Meals							
	# Breakfasts	3	X	\$ 23.00	=		\$ 69.00
	# Lunches	3	X	\$ 26.00	=		\$ 78.00
	# Dinners	3	X	\$ 38.00	=		\$ 114.00
Transportation							
Will a City Vehicle be used for this trip?		Names of employees sharing vehicle transportation		Fuel for city vehicle used (for trips that would use more than one tank)		\$ 0.00	
Yes	No						
Mileage (estimate for personal vehicle)		120.00	X	0.58	=		\$ 69.60
		Miles		Current OBM Rate			
Airfare							\$ 300.00
Taxi/tolls/ground transportation							\$ 80.00
Parking	4	X	\$ 11.00	=			\$ 44.00
	# of Days		\$Rate/Night				
Other Expenses (please describe) Baggage fees							\$ 80.00
TOTAL REGISTRATION AND TRAVEL EXPENSES							\$ 2,102.60

GALION CITY HEALTH DEPARTMENT APPROVALS

Employee Signature <i>S. Miley</i>	Date 02/20/26	Supervisor Signature <i>Andrea Cinadr</i>	Date 2/26/2026
Travel Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor Title <i>Health Commissioner</i>	

FOR AUDITOR USE ONLY

Requisition#		P.O.#	
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