|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **IOWA DEPARTMENT OF JUSTICE** | | | | | | | | | | |
| Iowa Attorney General's Crime Victim Assistance Division (CVAD) | | | | | | | | | | |
| Victim Services Support Program (VSS) | | | | | | | | | | |
| **Out-of-State Travel Request for Conference/Training/Meeting** | | | | | | | | | | |
|  | **Date of Request:** | | | |  | | | | | |
|  | **Program:** | | | |  | | | | | |
|  | **Type of Program:** | | | |  | | | | | |
|  | **Date Requested:** | | | |  | | | | | |
| **Conference/Meeting City & State:** | | | | |  | | | | | |
| **Link to Conference Information:** | | | | |  | | | | | |
| **Estimated Travel Dates:** | | | | |  | | | | | |
| Complete the blank sections below that apply to the funds you are requesting. Shaded areas are set to automatically calculate. Please do not enter any amounts in the shaded sections. | | | | | | | | | | |
| **A** | **Lodging:** | | | | Daily Rate | | Number of Nights | | Number of Attendees | Total |
|  | |  | |  | $0.00 |
|  |  |  |  |  |  |  |  |  |  |  |
| **B** | **Airfare/checked baggage:** | | | | Ticket Price per Attendee | | Checked Baggage per Attendee | | Number of Attendees | Total Airfare |
|  | |  | |  | $0.00 |
|  |  |  |  |  |  |  |  |  |  |  |
| **C** | **Taxi, shuttle, etc.:** | | | | Total Taxi Costs | | Total Shuttle Costs | | Other Public Transportation | Total (Miles x Rate) |
|  | |  | |  | $0.00 |
|  |  |  |  |  |  |  |  |  |  |  |
| **D** | **Mileage** (use the agency per diem or mileage rate, whichever applies)**:** | | | | Total Miles | |  | | Mileage Rate | Total (Miles x Rate) |
|  | |  | | $0.39 | $0.00 |
|  | | | | | | | | | | |
| **E.1** | **Meals** (use the agency per diem or actual expenses, whichever applies): | | | | Total Attendees | | Per Diem Costs Per Attendee | | Number of Days | Meals Total |
|  | |  | |  | $0.00 |
|  |  |  |  |  |  |  |  |  |  |  |
| **E.2** | **Meal Level (1, 2, 3 & 4)** | | | |  | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **F** | **Other eligible expenses** (registration fees, etc..): | | | | Description: | | | | Total Other Costs | Other Costs Total: |
|  | | | |  | $0.00 |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **Total funds requested:** | | | **$0.00** | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | **G. Please designate the fund(s) along with the amount that you are requesting from each.** | | | | | | | | |  |
|  | *Domestic Abuse Comprehensive (DAC) Program:* | | | | | | | |  |  |
|  | **State DA:** | **Federal FV:** | **Federal VA:** | | **Federal VW:** | | **Other:** | |  |  |
|  |  |  |  | |  | |  | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | *Sexual Abuse Comprehensive (DAC) Program:* | | | | | | | |  |  |
|  | **State SA:** | **Federal SF:** | **Federal PA:** | | **Federal VA:** | | **Federal VW:** | | **Other:** |  |
|  |  |  |  | |  | |  | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | *Shelter-Based Victim Service (SH) Program:* | | | | | | | |  |  |
|  | **State DA:** | **Federal FV:** | **Federal VA:** | | **Federal VW:** | | **Other:** | |  |  |
|  |  |  |  | |  | |  | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | *Criminal Justice (CJ), Survivors of Homicide Program (HP) or Other Program:* | | | | | | | |  |  |
|  | **Federal VA:** | | **Federal VW:** | |  | | **Other:** | |  |  |
|  |  | |  | |  | |  | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | H. Please list staff name & position on who will be attending the conference listed above. | | | | | | | | | |
|  | **Staff Name** | | | | | **Staff Title** | | | | |
|  |  | | | | |  | | | | |
|  |  | | | | |  | | | | |
|  |  | | | | |  | | | | |
|  |  | | | | |  | | | | |
|  |  |  |  |  |  |  |  |  |  |  |
|  | **I. Please provide a brief justification for this out-of-state travel** | | | | | | | | | |
|  |  | | | | | | | | | |  |
|  |
|  |
|  |