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| **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** |
|  |  |  |
|  |
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|  |