

This form must be completed by either the employee or supervisor and the supervisor must submit to:

[OutofStateTravel@dia.iowa.gov](mailto:OutofStateTravel@dia.iowa.gov)

<b>Employee Vendor #:</b>	<input type="text"/>	<b>Enter the employee I/3 Vendor Code of the employee traveling. Contact <a href="mailto:diafiscal@dia.iowa.gov">diafiscal@dia.iowa.gov</a> with questions.</b>
<b>Title:</b>	<input type="text"/>	<b>Enter the employee's job title.</b>
<b>Department:</b>	<input type="text"/>	<b>Enter the employee's department.</b>
<b>Division:</b>	<input type="text"/>	<b>Enter the employee's work division.</b>
<b># of previous trips this budget fiscal year:</b>	<input type="text"/>	<b>Enter the number of previous trips taken this budget fiscal year (July 1st to June 30th)</b>
<b>Additional employees attending same meeting/conference:</b>	<input style="height: 60px;" type="text"/>	<b>Enter the first and last name of other employees attending the same meeting/conference.</b>
<b>Name of Meeting/Conference (Enter N/A for normal job duties):</b>	<input style="height: 30px;" type="text"/>	
<b>Explanation (why the travel is needed):</b>	<input style="height: 80px;" type="text"/>	

<b>Departure From (City, State):</b>	<input type="text"/>	<b>Traveling To (City, State):</b>	<input type="text"/>
<b>Departure Date:</b>	<input type="text"/>	<b>Return Date:</b>	<input type="text"/>
<b>Mode of Travel:</b>	<input type="text"/>	<b>Reason for Travel:</b>	<input type="text"/>
<b>Travel Type:</b>	<input type="text"/>	<b>Out-of-State City Level:</b>	<input type="text"/>

Out-of-state city levels and rate information can be found on the Department of Administrative Services website: <https://das.iowa.gov/state-accounting/travel-relocation/out-state-travel/out-state-city-levels>

**Estimated Costs**

**Enter your estimate costs for each individual expense:**

	<input type="text"/>	Lodging (# of Nights)	<input type="text"/>
Meals	<input type="text"/>	Lodging (Cost per Night)	<input type="text"/>
Registration	<input type="text"/>	Total Lodging	<input type="text"/>
Parking	<input type="text"/>	Cab/Shuttle	<input type="text"/>
Luggage	<input type="text"/>	Other	<input type="text"/>
		Total	<input type="text"/>

## Breakdown of Funds

This section provides details of funding for this trip. Enter the percentages in each field. If a percent is entered into "Other", enter the funding description in the required box.

State:	<input type="text"/>	Other:	<input type="text"/>
Federal:	<input type="text"/>	Total:	<input type="text"/>
Description of Other:	<input type="text"/>		

## Accounting

Enter the applicable Chart of Account elements for your travel. **Fund, Department and Unit are required.** Contact your supervisor or [diafiscal@dia.iowa.gov](mailto:diafiscal@dia.iowa.gov) with questions.

Fund:	<input type="text"/>	Unit:	<input type="text"/>
Dept:	<input type="text"/>	Sub Unit:	<input type="text"/>