



## Virginia Conflict of Interest and Ethics Advisory Council

# Travel Approval Request Form

**Please note:** If your travel falls under one or more of the following categories, you do NOT need to request approval for your travel. Please keep in mind that while you might not need approval for your travel, you may still be required to disclose your travel as required by the State and Local Government Conflict of Interests Act or the General Assembly Conflicts of Interests Act. For questions about this form or other reporting requirements, please email [ethics@dls.virginia.gov](mailto:ethics@dls.virginia.gov) or call (804) 786-3591.

**This form is NOT required if:**

- travel disclosed pursuant to the Campaign Finance Disclosure Act (§ 24.2-945 et seq.);
- travel paid for or provided by the government of the United States, any of its territories, or any state or any political subdivision of such state;
- travel provided to facilitate attendance by a legislator at a regular or special session of the General Assembly, a meeting of a legislative committee or commission, or a national conference where attendance is approved by the House or Senate Committee on Rules;
- travel related to an official meeting of the Commonwealth, its political subdivisions, or any board, commission, authority, or other entity, or any charitable organization established pursuant to § 501(c)(3) of the Internal Revenue Code affiliated with such entity, to which such person has been appointed or elected or is a member by virtue of his office or employment; or
- if the total estimated cost of your travel, including but not limited to any travel-related transportation, lodging, hospitality, food or beverage, or other thing of value does not exceed \$100, you do NOT need to request approval for your travel.

Please complete the following and submit to the Virginia Conflict of Interest and Ethics Advisory Council (the Council). The Council shall grant or deny your request within five (5) business days of receipt, unless additional information is requested. If additional information is requested, the Council will grant or deny your request within five (5) business days of receipt of the additional information. If the Council does not grant or deny your request within the appropriate five-business-day period, your travel request will be deemed to have been approved by the Council. If, after submitting this request, you wish to amend it due to errors or additional available information, please contact the Council at (804) 786-3591 or [ethics@dls.virginia.gov](mailto:ethics@dls.virginia.gov) within the five-day review period.

You may submit this form electronically, in person, via facsimile, or via mail or commercial mail delivery. If submitting this form in person or via mail or commercial mail delivery, please submit to the following address:

Virginia Conflict of Interest and Ethics Advisory Council  
General Assembly Building  
201 North 9th Street, Second Floor  
Richmond, Virginia 23219

## Virginia Conflict of Interest and Ethics Advisory Council

### Travel Approval Request Form

If submitting this form via facsimile, please send to 804-371-8705. If submitting this form electronically, please complete the following form and follow the submission prompts. If submitting a paper form, please complete in blue or black ink and staple all pages of your request form together in the upper left hand corner. Please attach copies of any information you have regarding the event you are attending by paper clipping them to the back of this form. If submitting this form electronically, please attach this information as a file attachment. You may also include such information by listing an electronic link to a website for the event. Please ensure that you include your email address as confirmation for receipt of this request, any requests for additional information, and approval or denial of the request will be sent to the email address provided. Please contact [ethics@dls.virginia.gov](mailto:ethics@dls.virginia.gov) or call (804) 786-3591 if you have any questions or require additional assistance for completing this form.

**Virginia Conflict of Interest and Ethics Advisory Council  
Travel Approval Request Form**

<b>TRAVELER'S INFORMATION</b>		
	Last Name	First Name
	Middle Initial	
	Address	
	City	State
	Zip	
	Phone Number(s)	
	Email Address(es)	
Official Job Title		
County/District		
<b>TRAVEL DATE(S)</b>		
<b>DATE(S) OF CONFERENCE, SEMINAR, MEETING, EVENT, ETC.</b>		
<b>DESTINATION(S)</b>		

What individual or organization will be providing the funding for this travel?

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What is the purpose of your travel? (Check all that apply)

Educational
  Public policy discussion

Public official event
  Other

Please explain how this travel relates to your official duties. Include any conferences, seminars, meetings, or other events you plan on attending or participating in.

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Are you attending the event as a(n): (check all that apply)

Attendee       Speaker

Will this event be attended primarily by public officials? (check one)

Yes       No

For the following section, please list, to the best of your current knowledge, hospitality or entertainment you plan to use or participate in during travel.

**HOSPITALITY/ENTERTAINMENT:** (Ex: *The Phantom of the Opera* musical at the Majestic Theater)

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Is this hospitality/entertainment included as part of the base event registration fee?

Yes       No

If no, how much is the additional fee for the hospitality/entertainment? \_\_\_\_\_

Please include the estimated total value of your travel, not including the cost for any hospitality or entertainment not included as part of the base registration fee. If you are unsure of specific values because lodging/transportation/etc. have not been finalized, please include your estimated budget.

**ESTIMATED TOTAL VALUE:** \_\_\_\_\_

Have you previously attended this event or similar events in the past two (2) years? Please list the date and purpose of each.

DATE	PURPOSE

Have you submitted any other travel requests to the Council in the past two years? Please include the date and purpose of the travel request and if it was approved or denied.

DATE	PURPOSE	APPROVED/ DENIED

Please include any additional information you feel is pertinent to the Council's assessment of this request.


Please note that if you receive approval for this travel, you may not be prosecuted, assessed a civil penalty, or otherwise disciplined for accepting the travel and travel-related things of value, regardless of whether approval is later withdrawn, provided that the travel occurs prior to the withdrawal of approval.

I affirm that the information I have provided is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR COUNCIL USE ONLY**

\_\_\_\_\_  
Received by  
(Initials)

\_\_\_\_\_  
Date Received