



Virginia Conflict of Interest and Ethics Advisory Council

Travel Request Assessment Form

REQUESTER'S INFORMATION	Last Name		First Name		Middle Initial
	Address				
	City		State		Zip
	Phone Number(s)				
	Email Address(es)				
	Office			County/District	
	TRAVEL DATE(S)				
	DATE(S) OF CONFERENCE, SEMINAR, MEETING, EVENT, ETC.				
	ESTIMATED VALUE OF TRAVEL		\$		
DESTINATION(S)					
PREVIOUS OR RECURRING TRAVEL OF NOTE					

What is the relationship between the travel and the requester's official duties?

Is the requester attending a meeting, conference, or other event that: (Please check all that apply)

- Will be attended primarily by public officials;
- Will have substantial public policy discussion related to the requester's duties;
- Will cover topics that will educate the requester on issues related to his/her duties;
- Will cover topics that will enhance the requester's knowledge and/or skills related to his/her duties; or
- The requester has been invited for the purpose of speaking on matters reasonably related to his/her duties?