

Virginia Conflict of Interest and Ethics Advisory Council

Travel Request Assessment Form

	Last Name First Name		Middle Initial
	Address		
REQUESTER'S INFORMATION	City State		Zip
	Phone Number(s)		
	Email Address(es)		
	Email Address(es)		
	Office		County/District
			,,
TRAVEL DATE(S)			
()			
DATE(S) OF			
CONFERENCE, SEMINAR,			
MEETING, EVENT, ETC.			
ESTIMATED VALUE OF TRAVEL	\$	•	
0	*		
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?			