

# REQUEST FOR EXCEPTION TO STATE-WIDE POLICY

Department No.

Department

State Employees Name(s):

Vendor ID(s):

## Requirements

Submit Event Agenda

Submit attendee list, including  
employees & non-employees

- Submit this request 30 days prior to the start of your event
- please submit this form to [iowaadvantage@iowa.gov](mailto:iowaadvantage@iowa.gov)

*if more space is needed, please attach a list*

**Date(s) for which exception is being requested:**

**Name of Vendor:**

**Vendor Customer No.**

### Director's Office Approval Required Only:

Meals > Limit \$  
(in-state meals only)

Meals in Domicile\* \$

Lodging > Limit \$

Lodging in Domicile\* \$

Meals without an  
overnight stay\* \$

Direct Billing

Registration

Other (explain)

*\* Denotes an item that is taxable benefit for state employee*

### Director's Office & DAS Approval Required:

Meals > Limit \$ (out-  
of-state meals only)

Registration

Prepayment of  
Expenses

([Procedure 230.550](#))

Blanket Approval &  
Approval Number

([assigned by DAS](#))

Other (explain below)

**Will employee(s) be submitting and individual travel claim?**

Yes

No

**Explanation:**

## Department Approvals:

Department Contact Person:

Department Head (if required):

**Department of Administrative Services Completes (if required):**

Approved by:

Date: