

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@das.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: