

EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 1

Name of Person Attending: 1 Working Title: DPS 2- State Mitigation Finance Officer

Department: Public Defense Division/Bureau/Section: Recovery - HSEMD

Will this trip require an overnight stay outside of Iowa? No: Yes: (If No, you do not need this waiver)

City (Cities) Traveling To: Las Vegas, NV Dates of Travel: 6/19/2011 to 6/22/2011

Funding Source: Appropriated State: % Federal: 100% Other: % If Other, Specify:
(If the appropriated state funds are 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): 3092.22

Does this Trip Require Executive Council Approval for Conference/Convention? No: Yes:

If Yes, Have You Received Approval? No: Yes: If Yes, Date:

Reason for Travel Waiver (Select one)

- Fulfills statutorily required duties (Cite the specific statute)
- Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)
- Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

Prior approval received for this training. Stuart will be able to train other employees on how to effectively manage the \$500 million dollars in Mitigation Disaster Grants currently being managed by this bureau and how to assist our sub-applicants with internal controls. This training is 100% Federal Funded.

Department Director Signature



Date: 7/2/11

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form.

See Fact Sheet for more complete information.

- This waiver is required by HF-45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED
Executive Council
JUL 18 2011

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Please answer all of the questions listed below.

Number of People on Trip: 1

Contact E-mail: MELISSA.SPEED@DNR.IOWA.GOV

Name of Person Attending: Ben Berka

Working Title: Shooting Sports Coordinator

Department: Natural Resources

Division/Bureau/Section: Wildlife/Shooting Sports

Will this trip require an overnight stay outside of Iowa? No: Yes: (If No, you do not need this waiver.)

City (Cities) Traveling To: Louisville, KY

Dates of Travel: 5/9/11-5/13/11
(If after June 30, 2011 - you DO NOT need this waiver.)

Funding Source: Appropriated State: _____ % Federal: _____ % Other: _____ % If Other, Specify: _____
(If the coding for the travel claim is appropriation 0000 - you DO NOT need this waiver.)

Total Projected Cost of Trip (include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$130

Does this Trip Require Executive Council Approval for Conference/Convention? No: Yes:

If Yes, Have You Received Approval? No: Yes: If Yes, Date: _____

Reason for Travel Waiver (Select one)

- Fulfills statutorily required duties. (Cite the specific statute.) 455A
- Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.) _____
- Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the line below. (If nonrefundable ticket is the justification, date of purchase is required.) _____

Department Director Signature: _____

Date: 5/10/2011

Department Director Printed Name: ROGER LANDE

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