



County VSO National Training Reimbursement Form

Table with 2 columns: Total Reimbursement Requested, Travel Dates (From, To)

Table with 4 columns: Name of Traveler, Position, County Representing, Travel Dates

Registration Fees Must provide training or conference agenda and proof of payment

Table with 2 columns: Name of Training/Conference, Total Training/Conference Cost

Vehicle Mileage Mileage is reimbursed to county at .50 per mile.

Table with 5 columns: Date, From, To, Mileage, Mileage Cost

Lodging Must provide receipt & itinerary

Table with 4 columns: Date of Check-In, Date of Check-Out, Name and Location of Hotel, Cost

Meals IN-STATE MEAL REIMBURSEMENT RATES - Procedures 210.102 and 210.205: Breakfast \$8.00 (Depart before 6:00 am), Lunch \$10.00, Dinner \$19.00 (Return after 7:00 pm) Total \$37.00. OUT-OF-STATE MEAL REIMBURSEMENT RATES - Procedure 210.305.

Go to https://das.iowa.gov/state-employees/travel-and-relocation/210-travel for current reimbursement rates.

Table with 7 columns: Date and Time of Departure, Date and Time of Return, Total Cost Breakfast, Total Cost Lunch, Total Cost Dinner, Reimbursement Rate, Total Reimbursement

Transportation and Other Costs

Table with 5 columns: Date, From, To, Type, Cost (Receipt Required)

County is responsible for reimbursement of any personal costs incurred. IDVA will reimburse counties for total costs not to exceed \$3000.00 each fiscal year.

I CERTIFY THAT THE ITEMS FOR WHICH REIMBURSEMENT ARE CLAIMED ARE FOR PURPOSES OUTLINED IN IOWA CODE 35A, ADMINISTRATIVE RULES 801-7 & IDVA TRAVEL POLICY. ALL CHARGES ARE REASONABLE, PROPER AND ACCURATE.

Claimant's Signature _____ Date _____

Supervisor's Signature _____ Date _____

IDVA USE ONLY

Warrant # _____ Authorized By _____ Date _____