

TRAVEL AUTHORIZATION REQUEST FORM

Travel is an important aspect of the Local Public Sector Alliance’s operations for achieving its mission. All domestic or international travel is guided by LPSA’s Travel Policy to ensure that all travel supported by, or undertaken on behalf of, the Alliance is safe and that the travel expenses of the Alliance are controlled. All LPSA-supported travel requires prior authorization by the Executive Director or Program Manager using this Travel Authorization Request Form. The latest complete version of LPSA’s Mission, Vision, Principles and Policies—including LPSA’s Travel Policy—is available online at: <https://decentralization.net/about-the-local-public-sector-alliance/policies/>

Traveler personal details	
Traveler Name:	
Position / Organization:	
Email:	
Phone:	
Address:	

Proposed travel details	
Purpose of travel:	
Proposed destination:	
Proposed departure date:	
Proposed return date:	

LPSA Travel support requested		Estimated Cost / Details
Airfare	Reimb. / Direct / No	
Lodging	Reimb. / Direct / No	
Per diem	Reimb. / Direct / No	
Other travel costs	Reimb. / Direct / No	
Travel Advance	Yes / No	

Note: Please indicate requested travel support modality: Reimbursement to Traveler or Direct Payment by LPSA. LPSA’s default is Reimbursement. Please select No if Third-Party will pay certain travel costs and/or if the Traveler will cover certain travel-related costs himself/herself. As per LPSA financial management practices, travel advances are only provided in exceptional circumstances.

I hereby request LPSA to provide pre-authorization for the travel indicated above. By signing and submitting the Travel Authorization Request to the Local Public Sector Alliance, I agree to the Certifications and Liability Waiver and Release Agreement incorporated herein. If the travel request is approved, I hereby certify that I will adhere to all aspects of LPSA’s Travel Policy, including all provisions related to the class of travel. I understand that reimbursements for travel-related expenses that are not in line with LPSA’s Travel Policy (or not properly supported by documentation) may be disallowed. I hereby certify that I will submit my travel reimbursement request using LPSA’s Travel Reimbursement Request Form within 30 days of completion of travel.

Signature	
Traveler Name:	
Date Submitted:	
Signature (ink or electronic):	

CERTIFICATIONS

By submitting the LPSA Travel Authorization Request Form, the Traveler hereby certifies that (s)he:

- does not have any **actual or perceived conflict of interest** arising out of the proposed travel and/or related event(s).
- has never been investigated for, charged with, convicted, or otherwise implicated in **criminal, corrupt, unethical or unlawful conduct**.
- has never been investigated for, charged with, convicted, or otherwise implicated in a **terrorist offense or terrorist activity**.
- has never been investigated for, charged with, convicted, or otherwise implicated in any conduct that would reasonably be considered to be a **breach of LPSA's Anti-Human Trafficking Policy; LPSA's Child Protection Policy; and/or LPSA's Sexual Exploitation, Abuse and Harassment Policy**.

The Traveler hereby further certifies that while traveling on behalf of LPSA (or supported by LPSA), (s)he will adhere to the Local Public Sector Alliance's:

- General Organizational Principles and Values.
- Diversity, Equity, and Inclusion (DEI) and Non-Discrimination Policy.
- Anti-Terrorist Financing Policy.
- Anti-Human Trafficking Policy.
- Child Protection Policy.
- Sexual Exploitation, Abuse and Harassment Policy.
- Conflict of Interest Policy.
- Travel Policy.

TRAVEL LIABILITY WAIVER AND RELEASE

The Local Public Sector Alliance (LPSA) places paramount importance on the health and safety of its employees, consultants, volunteers and partners during LPSA-organized and/or LPSA-supported travel and events, and LPSA exercises reasonable care in ensuring the safety of its employees, consultants, volunteers, and partners. The Traveler acknowledges that there are inherent dangers and risks to which (s)he may be exposed by participating in an assignment that includes travel, field work, meetings and/or activities outside of the traveler's home location. The Traveler is urged to avoid any potentially dangerous locations or situations, and is expected to immediately alert LPSA when confronted with a situation or environment that is unsafe for the Traveler, or for any other LPSA employees, consultants, volunteers, and/or partners. By submitting the LPSA Travel Authorization Request Form, the Traveler hereby acknowledges and agrees to the following:

1. **Voluntary acceptance.** Traveler understands and confirms that participation in requested travel/event is voluntary. Traveler warrants that he or she is in overall good health and that no bodily or mental condition would create an unreasonable risk of harm to himself or herself in participating in travel, field work, meetings, and/or other activities that may require a degree of physical or mental exertion.
2. **Assumption of risk.** Traveler understands and acknowledges that there may be potential risks involved related to any travel and/or LPSA-supported activities. Traveler assumes all risks, known and unknown, in any way connected with the requested travel and/or participation in the LPSA-supported activity or event. Traveler accepts full responsibility for any liability, injury, loss, damage or death in any way connected with the requested travel and/or participation in the LPSA-supported activity or event. Traveler acknowledges that the requested travel and/or participation in an LPSA-supported activity or event is at the Traveler's sole risk. Traveler releases LPSA from any and all liability or claims which may arise from the requested travel and/or participation in the LPSA-supported activity or event.
3. **Medical costs.** Traveler understands and acknowledges that he/she assumes liability for any and all costs incurred for any health care expenses and/or medical emergencies that may occur during the requested travel and/or participation in an LPSA-supported activity or event. If participation in an LPSA-supported activity or event requires international travel (relative to his/her regular duty station), travel insurance for international travel is considered a reimbursable travel expense.
4. **Modification.** The provisions of this *Liability Waiver and Release Agreement* can only be modified by a written instrument executed by an authorized agent of the Local Public Sector Alliance.
5. **Severability.** If any part of this *Liability Waiver and Release Agreement* is found to be void by law, the remaining provisions of this agreement will nevertheless be binding with the same effect as though the void portions were deleted.
6. **Governing law.** The construction and meaning of the terms and provisions of this agreement will be interpreted in accordance with the laws of the Commonwealth of Virginia. Any action, suit or other legal proceeding arising under or relating to any provision of this Agreement shall be commenced only in a court of the Commonwealth of Virginia (or, if appropriate, a federal court located within the Commonwealth of Virginia).
7. **Binding Effect.** Traveler acknowledges that this agreement is binding upon Traveler's heirs and assigns, personal representatives, beneficiaries and next of kin.