***Insert Agency Logo***

***Insert Agency Address***

**Sample Travel Stipend Agreement Between Stipend Recipient and (*insert agency name)***

**Travel Stipend for (*insert training/conference)***

**Awarded Amount:**

**Stipend Number (SN):**

**Please enter the required format of the SN above: City (first 4 letters)-State (abbreviation)-Training (abbreviation)**

|  |  |
| --- | --- |
| **Physical Address** | **Mailing Address (including checks)**Fill out only if different from the physical address |
| Agency name:       | Agency name/Fiscal Agent:       |
| Address:       | Address:       |
| City/State/Zip:       | City/State/Zip:       |

## **Authorized Agency Representative (Chapter Executive Director/Coordinator)**

Name/Title:

Phone:       Fax:

E-mail Address:

## **Authorized Fiscal Agent (Umbrella) Representative (Fill out only if you have a separate fiscal agent)**

Name/Title:

Phone:       Fax:

E-mail Address:

**I, the undersigned, have read and understand the conditions outlined in this document and required for the receipt of stipend from *(insert agency name)*. By signing this statement, I am agreeing to comply with the requirements outlined herein. I understand the term of this stipend is *(insert date)*.**

* **I certify that the recipient agency is a member in good standing with *(insert agency name)*. I understand that remaining in good standing is a requirement of receiving these funds.**
* **I agree to submit by the deadline *(insert date)* the fiscal report as well as all fiscal documentation required by *(insert agency name)*. I understand that failure to submit timely report will result in forfeiture of funds.**
* **I understand that *(insert agency name)* can only reimburse federally allowable expenses that fit within the *(insert agency name)* ‘Stipend Announcement’ requirements and as designated by the U.S. Dept. of Justice. Submissions that fall outside these constraints will be disallowed. *(insert agency name)* may change its requirements regarding allowable expenses at any time to reflect changes in federally allowable costs or policies approved by the *(insert agency name)* Board of Directors. Awardees will be promptly notified of any changes.**
* **I understand that I must use the stipend towards covering airfare, ground transportation, mileage, parking, hotel expenses for the attendance of the *(insert training/conference)* Training in *(insert location)*. Hotel expenses may be charged to the stipend only if they are below or at the government per diem rate as posted on** [**www.gsa.gov**](https://www.gsa.gov/portal/content/104877)**. I understand that *(insert agency name)* can approve the stipend expenses only if the assigned individuals have attended the training event/conference.**
* **By my signature I am committing to meet the requirements for the Travel Stipend for the *(insert training/conference)***.

**Authorized Agency Representative/Title:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If fiscal agent is different than the above signed, please complete this section. A signature denotes agreement with all aforementioned conditions.**

**Authorized Fiscal Agent (Umbrella) Representative/Title:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sincerely,**

**After signing this document, please scan it in a .pdf format and keep an original for your files. Please send the signed Stipend Form to *(insert contact)* no later than *(insert date).***