



**State of New Jersey
Department of the Treasury
Office of Ethics Compliance
Request for Approval for Attendance at Events**



Name **Division**
(For additional names use Section "A")

Title **Phone Number** **Fax Number**

E-mail Address

Event **Sponsor(s)**

Event Location **Date(s)**

SECTION A - Reason for Attendance

Explain reason for attendance including description of legitimate business purpose:

Attach a copy of invitation, agenda, and any other supporting documentation.

SECTION B - Sponsor and Participation Details

1. **Is the sponsor an "interested party"?** Yes No
 ("Interested party" means: 1) any person or entity your institution regulates, licenses or supervises; 2) any grantee or grantor to your institution and any employee, representative or agent thereof; 3) any supplier/vendor to your institution; 4) any advocacy group that advocates or represents the positions of its members to your institution; 5) any organization a majority of whose members fall under 1-4 above.)
2. **Do you intend to accept a benefit, including, but not limited to, meal, registration fee, etc., for which you or the State will not reimburse the sponsor?** Yes No
3. **Is the State Official a speaker, panel participant, or resource person?** Yes No
4. **Will sponsor offer an honorarium or fee?** Yes No
5. **Is the sponsor an agency of the federal government, or one or more states other than NJ?** Yes No
6. **Is the sponsor a nonprofit organization?** Yes No
 - a. **If Yes, is the employee or agency a member?** Yes No
 - b. **Does the nonprofit organization have any contracts with the State?** Yes No

SECTION C - Cost Details

No cost except mileage/tolls (Daily travel only)

All Other Travel:

Total estimated cost:

Breakdown:

Transportation:

Meal:

Accommodations:

Registration:

Other:

Check all that apply:

Amount

A. Agency (county) to pay?

Yes,

No

B. Sponsor to pay? (If yes, see "*" below)

Yes,

No

C. Employee to pay?

Yes,

No

D. 3rd party to pay?

Yes,

No

(Person or entity other than sponsor)

If yes, provide name:

**If the sponsor is an interested party and the "speaker exception" does not apply, the State or the employee may be required to reimburse the sponsor for the cost (value) of the benefits provided. In this case, please answer the following:*

Is an invoice required from the sponsor for the State to reimburse the sponsor for the cost (value) of the services provided to the employee?

Yes

No

If yes, provide contact information for sponsor reimbursement.

If no, provide explanation as to why you or the State will not reimburse the sponsor.

To the best of my knowledge, the information contained on this form is complete and accurate.

Employee Signature

Date

Authorized Reviewer Signature/Approval

Date

NOTE: Any substitutions or changes of circumstances must be reported to your ELO.

FOR ELO USE ONLY

Attendance approved? Yes No

Conditions attached

Ethics Liaison Officer Signature

Date

Sponsor is an interested party and employee will be accepting event benefits as a speaker, panelist or resource person. A copy of form will be forwarded to the State Ethics Commission pursuant to N.J.A.C.19:61-6.4(f).