

<b>Request For Approval For Attendance At Events</b>
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Department: \_\_\_\_\_

Name: \_\_\_\_\_

Division \_\_\_\_\_

Title \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Event \_\_\_\_\_

Sponsor \_\_\_\_\_

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.

Is the State official a speaker, panel participant or resource person? Yes  No Is the sponsor an agency of the federal government, one or more other states or a political subdivision thereof? Yes  No Is the sponsor a nonprofit organization? Yes  No Is Yes, is the employee or agency a member? Yes  No Does the nonprofit organization have any contracts with the State? Yes  No 

Location \_\_\_\_\_ Date(s) \_\_\_\_\_

Overnight accommodations required? Yes  No Out-of-state travel required? Yes  No 

Estimated total costs? \$ \_\_\_\_\_

## Breakdown of Costs:

Transportation \$	<input type="text"/>	Meals \$	<input type="text"/>
Accommodations \$	<input type="text"/>	Registration Fees \$	<input type="text"/>

Agency to pay costs? Yes  No

Sponsor to pay costs? Yes  No

Employee to pay costs? Yes  No

Other person or entity to pay costs? Yes  No  If yes, note name below:

Reason for attendance:

Will sponsor offer an honorarium or fee? Yes  No

Check:  Copy of invitation letter attached.

Copy of agenda or other description of event attached.

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Supervisor's Signature and Approval Date

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

**\*\*\*\*\*SECTION BELOW FOR ELO USE ONLY\*\*\*\*\***

Attendance approval? Yes  No

**Note: Acceptance of honoraria or fees is not permitted.**

Conditions:

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Ethics Liaison Officer

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).