



Request for Approval for Attendance at Events

Name County

Title/Position Phone Number Fax Number

E-mail Address

Event Sponsor

Event Location Date(s)

Overnight accommodations required? Yes No

Out-of-state travel required? Yes No

SECTION A - 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. **Is a meal or other benefit (e.g. waiver of event fee) being offered at no cost or reduced cost which you intend to accept?** Yes No

3. **Is the State Official a speaker, panel participant or resource person?** Yes No

4. **Is the sponsor an agency of the federal government, one or more other states or a political subdivision thereof?** Yes No

5. **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

6. **Will sponsor offer an honorarium or fee?** Yes No

Note: Acceptance of honoraria or fees is not permitted.

SECTION B - Cost Details

Estimated total costs (value)?

Breakdown:

Transportation: Meals: Accommodations: Registration:

Check all that apply:

Amount

A. Agency (county) to pay?

Yes,

No

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

Yes,

No

C. Employee/Board Member to pay?

Yes,

No

D. Other person or entity to pay?

Yes,

No

If yes, provide name:

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

Is an invoice required from the sponsor for the County to reimburse the sponsor for the cost (value) of the services provided to the employee/board member? Yes No

If yes, identify services and provide estimated costs and sponsor contact information:

If no, please explain (e.g. employee will pay cost or contract language (attached) includes cost of services provided):

SECTION C - Reason for Attendance

Explain reason for attendance including description of legitimate business purpose:

Copy of invitation letter attached?

Yes

No

Copy of agenda or other description of event attached?

Yes

No

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

Employee/Board Member's Signature

Date

**County Tax Administrator Signature and Approval
(Board President signs if Attendee is CTA)**

Date

NOTE: Any substitutions or changes of circumstances must be reported to the Department of Treasury ELO.

FOR ELO USE ONLY

Attendance approved?

Yes

No

Conditions:

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).