

### Request For Approval For Attendance At Events

ARTV#: \_\_\_\_\_ — \_\_\_\_\_

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 supervised; 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

If Yes, is the employee or University 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"/>

University 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:

Empty rectangular box for name of other person or entity.

Reason for attendance:

Empty rectangular box for 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 Ethics Liaison Officer**

**\*\*\*SPACE BELOW FOR ELO USE ONLY\*\*\***

Attendance approval? Yes  No

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

Conditions:

Empty rectangular box for 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).