



Request for Approval for Attendance at Events

Employee Name:		Department:		Email:	
Employee Title:		Telephone:		Fax:	
Event:			Event Date: From:		To:
Sponsor:					
Is the State official a speaker, panel participant or resource person?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the sponsor an interested party?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
<small>“Interested party” means: 1. Any person, or employee, representative or agent thereof, who is or may reasonably be anticipated to be subject to the regulatory, licensing or supervisory authority of the State official’s agency (WPU); 2. Any supplier, or employee, representative or agent thereof; 3. Any organization that advocates or represents the positions of its members to the State official’s agency (WPU); or 4. Any organization a majority of whose members are as described in paragraphs 1 through 3 above.</small>					
Is the sponsor an agency of the federal government, one or more other states or a political subdivision thereof?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the sponsor a nonprofit organization?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, is the employee or University a member?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the nonprofit organization have any contracts with the State?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Location: _____ Date (s): _____					
Overnight accommodations required:				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Out-of-state travel required:				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Total estimated/known costs? \$ _____		Travel \$ _____			
University to pay cost?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Accommodations \$ _____		
Sponsor/third party to pay cost?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Meals \$ _____		
Employee to pay cost?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Registration/Event Fees \$ _____		
			Entertainment \$ _____		
			Other \$ _____		
Reason for attendance:					
Will sponsor offer an honorarium or fee? <input type="checkbox"/> Yes <input type="checkbox"/> No				Amount \$ _____	
<small>Honoraria and/or fees may be accepted under certain conditions only.</small>					
<input type="checkbox"/> Copy of invitation letter attached <input type="checkbox"/> Copy of agenda or other description of event attached					
Employee Signature :				Date:	
Supervisor Signature and Approval:				Date:	

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Attendance approved? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> 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).
Conditions:	
Signature: _____	Date: _____