# DISCLOSURE BY NON-ELECTED PUBLIC EMPLOYEE

# OF TRAVEL EXPENSES SERVING A LEGITIMATE PUBLIC PURPOSE

# AS REQUIRED BY 930 CMR 5.08(2)(d)1.

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|  | **NON-ELECTED PUBLIC EMPLOYEE INFORMATION** |
| Name of **non-elected** public employee: |  |
| Title/ Position |  |
| Agency/ Department |  |
| Agency address: |  |
| Office phone: |  |
| Office e-mail: |  |
| **Write an X to confirm each statement**. | I am filing this disclosure because:  \_\_\_ I am going to engage in an activity that serves a legitimate public purpose, i.e., it is intended to promote the interests of the Commonwealth, a county or a municipality; and  \_\_\_ A non-public entity (but not a lobbyist) has offered to reimburse, waive or pay travel expenses and costs worth more than $50. |
|  | **ACTIVITY THAT SERVES A LEGITIMATE PUBLIC PURPOSE** |
| Describe the activity which is the reason for traveling. |  |
| Describe your participation in the activity. |  |
| Date, time and location of activity. |  |
| Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality. |  |
|  | **TRAVEL EXPENSES** |
| Identify the person or organization that offered to reimburse, waive or pay your travel expenses. |  |
| Address of person or organization. |  |
| **Provide information in as much detail as possible:** | ***Itemization and explanation of amounts offered:*** |
| Transportation: | *Air, train, bus, and taxi fare and rental car hire, etc.* |
| Lodging: | *Overnight accommodations.* |
| Meals: | *Breakfast, lunch, dinner, special events.* |
| Admission: | *Registration, admission, tickets, etc.* |
| Other (please list): | *Refreshment, instruction, materials, entertainment, etc.* |
| Total: |  |
| **Write an X beside any statement**  **that applies.** | \_\_\_\_ **I have attached the relevant itinerary.**  \_\_\_\_ **I have attached the relevant agenda.** |
| Employee signature: |  |
| Date: |  |

**Attach additional pages if necessary.**

**Complete the disclosure and submit it to your appointing authority.DETERMINATION BY APPOINTING AUTHORITY**

|  |  |
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|  | **APPOINTING AUTHORITY INFORMATION** |
| Name of Appointing Authority: |  |
| Agency and Title/Position: |  |
| Agency address: |  |
| Office phone: |  |
| Employee who filed the disclosure: |  |
|  | **DETERMINATION** |
| **To give approval,**  **check both**  **statements.** | Upon consideration of the facts disclosed by the employee above, I find that:  \_\_\_ Acceptance of the reimbursement, waiver or payment of travel expenses will serve a legitimate public purpose, i.e., it will promote the interests of the Commonwealth, a county or a municipality; AND  \_\_\_ Such public purpose outweighs any special non-work related benefit to the employee or the person providing the reimbursement, waiver or payment. |
| Reason that the employee’s travel or attendance will serve a legitimate public purpose: |  |
| Appointing Authority  signature: |  |
| Date: |  |

**Attach additional pages if necessary.**

**The appointing authority should maintain the disclosure as a public record**

**and give a copy of any signed determination to the employee.**

**Form revised February, 2012**