



Official Activity Expense Payment Approval Request Form

For Statewide Elected Officials and Heads of State Agencies

INSTRUCTIONS FOR SUBMITTING A REQUEST

This form is based on the regulations governing official activity expense payments and service payments to the state (19 NYCRR Part 931). Capitalized words used herein are defined in those regulations.

Before submitting this form, make sure to discuss your official activity with your State Agency ethics officer to ensure that it does not violate Public Officers Law § 74 and any applicable provisions of Public Officers Law § 73.

- 1) This form **MUST** be completed in its entirety, including (a) **your signature**, and (b) **declarations by your State Agency**.
- 2) Email the completed Approval Request Form as a PDF digital file to guidance@ethics.ny.gov. In the subject line of the email, write '**Official Activity Expense Payment Approval Request.**'

SECTION III - OFFICIAL ACTIVITY EXPENSE PAYMENT INFORMATION

Official Activity Expense Payment Type	Amount	Official Activity Expense Payment Type	Amount
Registration Fee	\$	Lodging	\$
Long-distance Transportation	\$	Meals	\$
Local Transportation/ Parking Fees	\$	Service Payment (if any)	\$
Total	\$		

STATE AGENCY INFORMATION

State Agency Name

STATE AGENCY DECLARATIONS

State Agency is a member of offeror? Yes No

Payment covers time period reasonably required? Yes No

Payment offered by Interested Source?
(If Yes, explain in notes why this request should be approved notwithstanding the regulatory presumption that the payment is impermissible. If No, confirm no attempt to conceal Interested Source.) Yes No

Payment could otherwise be made by State Agency per State Agency's travel policy? Yes No

Payment consistent with Public Officers Law § 74? Yes No

AGENCY DECLARANT INFORMATION

Name

Title

Phone

Email

NOTES

SECTION V - DECLARATION

DECLARATION

I declare that the information contained in this request is true, correct, and complete to the best of my knowledge and belief.

Signature X

Date

Last name

First name

Title

Phone #

Email address

SECTION IV - NOTES CONTINUED

NOTES CONTINUED *Please add additional notes here.*