



# Official Activity Expense Payment Approval Request Form

*For Statewide Elected Officials and heads of State Agencies*

## INSTRUCTIONS FOR SUBMITTING A REQUEST

Capitalized terms used on the request form are defined in the regulations governing official activity expense payments and service payments to the state (19 NYCRR Part 931) and are set forth in the definition key below.

Before submitting this form, make sure to discuss your official activity or service 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 [legal@ethics.ny.gov](mailto:legal@ethics.ny.gov). In the subject line of the email, write '**Official Activity Expense Payment Approval Request.**'

## DEFINITION KEY

**Covered Person:** shall mean a Statewide Elected Official or the head of a State Agency.

**Interested Source:** shall mean any person or entity, on his or her own behalf or on behalf of an entity, that:

- (1) is regulated by, negotiates with, or does other business with: (a) the Covered Person, in his or her official capacity; (b) the State Agency with which the Covered Person is employed or affiliated; or (c) any other State Agency when the Covered Person's agency is to receive the benefits of the contract; or
- (2) is required to be listed on a statement of registration pursuant to § 1-e(a)(1) of article 1-A of the Legislative Law and lobbies or attempts to influence actions, decisions, or policies of the State Agency with which the Covered Person is employed or affiliated; or
- (3) is the spouse or unemancipated child of any individual satisfying the requirements of 19 NYCRR Part 931.2(d)(2); or

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- (4) is involved in any action or proceeding, in which administrative and judicial remedies thereto have not been exhausted, and which is adverse to either: (a) the Covered Person in his or her official capacity; or (b) the State Agency with which the Covered Person is employed or affiliated; or
- (5) has received or applied for funds from the State Agency with which the Covered Person is employed or affiliated at any time during the previous 12 months up to and including the date of the proposed or actual receipt of the Official Activity Payment and/or Service Payment.

**Official Activity:** shall mean a Covered Person's attendance or Service at a meeting, conference, seminar, convention, or professional program that is part of his or her official duties and benefits the Covered Person's State Agency.

**Official Activity Expense Payment:** shall mean a payment or reimbursement for the cost of attendance, registration, travel, food, or lodging related to a Covered Person's Official Activity. Official Activity Expense Payment does not include (1) any payment or reimbursement for such costs when they have been bargained for by a State Agency, or (2) a Service Payment.

**Service:** shall mean any action or service performed by a Covered Person that is part of his or her official duties and benefits the Covered Person's State Agency. Such action may include, but is not limited to, delivering a speech, writing or publishing an article, or making a presentation.

**Service Payment:** shall mean any payment of money made in consideration for a Service provided.

**State Agency:** shall mean any civil department; State department; or division, board, commission, or bureau of any State department or civil department; any public benefit corporation, public authority, or commission at least one of whose members is appointed by the Governor. State Agency shall also include the State University of New York or the City University of New York, including all their constituent units except (1) community colleges of the State University of New York and (2) the independent institutions operating statutory or contract colleges on behalf of the State.

**Statewide Elected Official:** shall mean the Governor, Lieutenant Governor, Comptroller, or Attorney General of the State of New York.



# OFFICIAL ACTIVITY EXPENSE PAYMENT APPROVAL REQUEST

## SECTION I - INFORMATION REGARDING THE COVERED PERSON

*A Covered Person is defined in Part 931 of the Commission's Regulations as a Statewide Elected Official or head of a State Agency as defined in 931.2.*

Name of Covered Person requesting approval	
Identity of Offeror	
Nature of Offeror's Business	
Location of Official Activity/Service	
Date of Official Activity/Service	

## SECTION II - DESCRIPTION OF ACTIVITY/SERVICE

*Write a brief description of the Official Activity or Service below.*

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**SECTION III - OFFICIAL ACTIVITY EXPENSE PAYMENT INFORMATION**

Official Activity Expense Payment Type	Amount	Official Activity Expense Payment Type	Amount
Attendance	\$	Lodging	\$
Registration	\$	Meals	\$
Travel	\$	Service (if any)	\$
Total	\$		

**SECTION IV - STATE AGENCY INFORMATION**

**STATE AGENCY INFORMATION**

State Agency Name

**STATE AGENCY DECLARATIONS**

State Agency is a member of Offeror?  Yes  No

Service Payment covers time period reasonably required?  Yes  No

Service Payment offered by Interested Source?  Yes  No  
*(If Yes, explain in notes. If No, confirm no attempt to conceal Interested Source in notes.)*

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

Official Activity and Service 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