

**DISCLOSURE BY NON-ELECTED PUBLIC EMPLOYEE  
OF TRAVEL EXPENSES SERVING A LEGITIMATE PUBLIC PURPOSE  
AS REQUIRED BY 930 CMR 5.08(2)(d)1.**

<b>NON-ELECTED PUBLIC EMPLOYEE INFORMATION</b>	
Name of <b>non-elected</b> public employee:	
Title/ Position	
Agency/ Department	
Agency address:	
Office phone:	
Office e-mail:	
<b>Write an X to confirm each statement.</b>	<p>I am filing this disclosure because:</p> <p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> A non-public entity (but not a lobbyist) has offered to reimburse, waive or pay travel expenses and costs worth more than \$50.</p>
<b>ACTIVITY THAT SERVES A LEGITIMATE PUBLIC PURPOSE</b>	
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.	

<b>TRAVEL EXPENSES</b>	
Identify the person or organization that offered to reimburse, waive or pay your travel expenses.	
Address of person or organization.	
<b>Provide information in as much detail as possible:</b>	<b><i>Itemization and explanation of amounts offered:</i></b>
Transportation:	<i>Air, train, bus, and taxi fare and rental car hire, etc.</i>
Lodging:	<i>Overnight accommodations.</i>
Meals:	<i>Breakfast, lunch, dinner, special events.</i>
Admission:	<i>Registration, admission, tickets, etc.</i>
Other (please list):	<i>Refreshment, instruction, materials, entertainment, etc.</i>
Total:	
<b>Write an X beside any statement that applies.</b>	<input type="checkbox"/> <b>I have attached the relevant itinerary.</b> <input type="checkbox"/> <b>I have attached the relevant agenda.</b>
Employee signature:	
Date:	

**Attach additional pages if necessary.**

**Complete the disclosure and submit it to your appointing authority.**

## DETERMINATION BY APPOINTING AUTHORITY

APPOINTING AUTHORITY INFORMATION	
Name of Appointing Authority:	
Agency and Title/Position:	
Agency address:	
Office phone:	
Employee who filed the disclosure:	
DETERMINATION	
<p><b>To give approval, check <u>both</u> statements.</b></p>	<p>Upon consideration of the facts disclosed by the employee above, I find that:</p> <p>___ 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</p> <p>___ Such public purpose outweighs any special non-work related benefit to the employee or the person providing the reimbursement, waiver or payment.</p>
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.**