**Official Activity Expense Payment or Service Payment**

**Approval Form for SUNY College at Plattsburgh**

**Joint Commission on Public Ethics (JCOPE)**

An Official Activity Expense Payment is a payment or reimbursement for the cost of attendance, registration, travel, food, or lodging related to a person’s official activity. Official activity is a 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 their State agency.

A Service Payment is any payment of money made in consideration for a service provided. An approved Service Payment shall be made directly to the State University of New York.

**Instructions:** Within a reasonable period of time prior to engaging in the official activity, a covered person shall submit a written request to approve an Official Activity Expense Payment or Service Payment.

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| --- | --- | --- | --- |
| I. TO BE COMPLETED BY EMPLOYEE | | | |
| Name | **Click here to enter text.** | Title | **Click here to enter text.** |
| Name of Offeror | **Click here to enter text.** | Nature of the Offeror’s Business | **Click here to enter text.** |
| Date of Service | **Click here to enter text.** | Location of Service | **Click here to enter text.** |
| Description of Official Activity or Service | **Click here to enter text.** | Total Amount of Payment | **Click here to enter text.** |
|  |  | **II. Itemization of Payment/Reimbursement** |  |
|  |  | Registration | Click here to enter text. |
|  |  | Travel | Click here to enter text. |
|  |  | Lodging | Click here to enter text. |
|  |  | Meals | Click here to enter text. |
|  |  | Other | Click here to enter text. |

**Part III:** Additional Information

**Yes No**

\_\_\_\_ \_\_\_\_ Does the Official Activity Expense Payment or Service Payment cover only the period of time

that is reasonably required to be present for such official activity?

\_\_\_\_ \_\_\_\_ Is the Official Activity Expense Payment made at a rate not greater than the rate at which SUNY

would pay or reimburse under its travel policy?

\_\_\_\_ \_\_\_\_ If the Official Activity Expense Payment was not made by the person or entity offering payment

or reimbursement, could the expense be legally paid by SUNY in accordance with its travel

policies?

\_\_\_\_ \_\_\_\_ Is the Official Activity Expense Payment or Service Payment offered by or on behalf of an

Interested Source\*?

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

1. Is regulated by, negotiates with, appears before in other than a ministerial matter, seeks to contract with or has contracts with, or does other business with: (i) the covered person, in his or her official capacity; (ii) the State agency with which the covered person is employed or affiliated; or (iii) 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 section 930.2(g)(2); or
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: (i) the covered person in his or her official capacity; or (ii) the State agency with which the covered person is employed or affiliated; or
5. Has received or applied for funds at any time during the previous 12 months up to and including the date of the proposed or actual receipt of the item or service from either (i) the covered person in his or her official capacity; or (ii) the State agency with which the covered person is employed or affiliated.

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Requestor’s Signature Date

Pursuant to Title 19 NYCRR Part 931.7, any covered person who is required to file a financial disclosure statement shall report any Official Activity Expense Payment in excess of $1,000 (or all Official Activity Expense Payments the aggregate total of which exceed $1,000 received from a single offeror) in his or her financial disclosure statement for the applicable year.

**Part IV:** Conditions for Approval

An approving authority may approve a request for an Official Activity Expense Payment or Service Payment provided the following conditions must be met:

1. The Official Activity Expense Payment or Service Payment covers only the period of time that the covered person is reasonably required to be present for such official activity.
2. If the Official Activity Expense Payment or Service Payment is offered by or on behalf of an Interested Source\*, all of the following criteria must be met:
   1. It is not reasonable, under the circumstances, to infer that the Official Activity Expense Payment or Service Payment was intended to influence the covered person in the performance of his or her official duties.
   2. The Official Activity Expense Payment or Service Payment could not, under the circumstances, reasonably be expected to influence the covered person in the performance of his or her official duties.
   3. The Official Activity Expense Payment or Service Payment is not, under the circumstances, intended as a reward for any official action on his or her part.
3. The Official Activity Expense Payment, if not made by the offeror, could be lawfully paid by the State University of New York in accordance with its travel policy.
4. The Official Activity Expense Payment is made on behalf of the covered person at a rate not greater than the rate at which the State University would pay or reimburse the covered person under its travel policy.
5. The approving authority determines that the offeror is not being used to conceal that the Official Activity Expense Payment or Service Payment is actually offered or paid by an Interested Source.
6. The Official Activity and the corresponding Official Activity Expense Payment or Service Payment is consistent with Public Officers §74.

I have reviewed and endorse this request.

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Supervisor’s Signature Date

**Part V:** Ethic’s Officer Determination

□ Approved

□ Denied

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Ethics Officer’s Signature Date

Original: Ethics Officer cc: Employee, Employee’s Supervisor