Travel & Expense
1220 Washington Ave.
Building 5
Albany, NY 12226-1900
Email: BSCFinance@ogs.ny.gov
Phone: 518-457-4272 Fax: 518-485-7047

Travel Ethics Review - Conflict of Interest Policy and Procedures

The use of the following standard Ethics Review procedure is up to the discretion of each agency within the Business Services Center (BSC); however the Office of General Services (OGS) and hosted agencies are to follow this policy.

1. Must be completed by employees prior to travel who wish to accept reimbursement from:

    i.   the Federal Government

    ii. other State or municipal government entities

    iii. non-state agency organizations or individuals for travel related to the employee's official duties

    iv. when travel is paid for in the first instance by New York State (even though travel costs are reimbursed by the organization after travel was completed)

2. Employee completely answers all questions on form

3. Employee certifies and signs form

4. A copy of the pending SFS Travel Authorization (TA) or alternate agency travel approval document if applicable, required supporting documents and/or trip details are to be submitted to the Agency Ethics Reviewer along with the Conflict of Interest Form

5. The Ethics Reviewer will act upon form (approve, disapprove, request additional information) and will return the form and supporting documents back to the employee

6. The employee or proxy attaches the approved form to the TA or request for travel

7. In the event the travel authorization has completed the entire approval flow without the approved conflict of interest form attached the form should be linked to the expense report when submitting for reimbursement

8. If no reimbursement is due the form should be retained by the employee for the required 3 year retention period

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NEW YORK STATE | **Office of General Services**
Business Services Center

Conflict of Interest Form

This form must be completed by employees who wish to accept reimbursement from the federal government, other state or municipal government entities, non-state agency organizations or individuals for travel related to the employee's official duty.

TA Ref No	Date Submitted	Travel Date(s)	Agency GLBU

Employee Name	Reimbursing Organization	Amount of Reimbursement $

1. Is your appearance, presence or participation for a State agency purpose and does it benefit the Department; or if the sponsoring organization is a not-for-profit professional organization, will your appearance, presence or participation result in increased knowledge in your subject matter area which will benefit the Department?	Yes	No
2. If the travel expenses were not reimbursed, could they be paid by the Department according to its travel reimbursement procedures?	Yes	No
3. Do the rates for reimbursed expenses exceed those at which the Department would reimburse an employee under travel guidelines?	Yes	No
4. Are the food and lodging expenses that will be reimbursed only for the period that you are reasonably required to attend the event and only for you?	Yes	No
5. Does the organization that is offering travel reimbursement regularly negotiate with, appear before on other than a ministerial matter, do business with or have contracts with the Department or you in your official capacity on behalf of the Department?	Yes	No
6. Does the organization which is offering travel reimbursement attempt to lobby or to influence action or positions on legislation or action on rules, regulations or rate making before the Department or you in your official capacity on behalf of the Department?	Yes	No
7. Is the organization which is offering travel reimbursement involved in litigation, adverse to the State, with the Department or you in your official capacity, in which no final order has been issued?	Yes	No
8. Has the organization which is offering travel reimbursement received or applied for funds from the Department at any time during the previous calendar year, up to and including the date of the proposed receipt of reimbursement?	Yes	No

CERTIFICATION

Traveler's Name

By submitting this form, I _____ certify that the above information is true and correct.

_____   _____
Traveler's Signature   Date

ETHICS REVIEWER

Approved   **Denied**

_____   _____
Signature of Agency Ethics Reviewer   Date

Reason