NEW YORK STATE | Office of General Services
Business Services Center

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

# Official Activity Expense Payment Review-Conflict of Interest Policy and Procedures

The Office of General Services (OGS) and its hosted agencies will follow this procedure. Other client agencies of the Business Services Center may use it at their discretion.

**DEFINITIONS:**

**Official Activity:** Attendance or service at a meeting, conference, seminar, convention, or professional program that is part of your official duties and benefits your agency.

**Official Activity Expense Payment:** A payment or reimbursement for the cost of attendance, registration, travel, food, or lodging related to an Official Activity.

**DIRECTIONS:**

1. The attached form must be finalized prior to travel by employees who wish to accept an Official Activity Expense Payment and submitted to the agency Finance Office and the agency Ethics Officer along with the pending SFS Travel Authorization (TA) or alternate agency travel approval document, if applicable, with the required supporting documents and/or trip details.
2. The agency Ethics Officer will approve or disapprove the form or request additional information. Once an Official Activity Expense Payment is approved, the employee will receive notification from the agency Finance Office.

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# Conflict of Interest Form

CLEAR FORM

This form must be completed prior to travel by employees who wish to accept an Official Activity Expense Payment.

| TA Ref No: | Date Submitted: | Travel Date(s): |
|---|---|---|
| | | |

**Name of Employee's Agency and Agency General Ledger Business Unit (GLBU):**

| Name of Employee Requesting Approval: | Name of Third-Party Providing the Official Activity Expense Payment: | Total Amount of Official Activity Expense Payment: $ |
|---|---|---|
| | | |

| Description of the Third-Party's Business: | Location of Official Activity: |
|---|---|
| | |

**Briefly Describe the Official Activity::**

**Please Answer the Following Questions:**

1. Is your attendance or service at the Official Activity part of your official duties and does it benefit your agency? ☐ Yes ☐ No
2. Does the Official Activity Expense Payment cover only the time that you are reasonably required to be present for such Official Activity? ☐ Yes ☐ No
3. To determine if the payor of the Official Activity Expense Payment is an Interested Source, please answer the following questions:
   a. Is the payor regulated by your agency or does it appear before or negotiate with your agency? ☐ Yes ☐ No
   b. Is the payor a registered lobbyist or the client of a lobbyist that lobbies your agency or the spouse or minor child of a lobbyist or client of a lobbyist that lobbies your agency? ☐ Yes ☐ No
   c. Is the payor involved in litigation adverse to you or your agency? ☐ Yes ☐ No
   d. Has the payor received or applied for funds from your agency during the past year or will it apply for or receive such funds this year? ☐ Yes ☐ No

   If the answer to any of the four questions above is Yes, then you must answer Yes to this question: Is the Official Activity Expense Payment offered by or on behalf of an Interested Source? ☐ Yes ☐ No
4. Are all of the following criteria met: ☐ Yes ☐ No
   a. It is not reasonable to infer that the Official Activity Expense Payment was intended to influence you in the performance of your official duties;
   b. The Official Activity Expense Payment cannot reasonably be expected to influence you in the performance of your official duties; and
   c. The Official Activity Expense Payment is not intended as a reward for any official action by you.
5. Could the Official Activity Expense Payment be lawfully paid by your agency in accordance with its travel policy if it was not being made by the third-party? ☐ Yes ☐ No
6. Does the Official Activity Expense Payment exceed the rate at which your agency would pay or reimburse under its travel policy? ☐ Yes ☐ No

## DECLARATION

I declare that the information provided in this form is true, accurate and complete to the best of my knowledge and belief.

Signature _____ Date _____

## ETHICS OFFICER

☐ **Approved**

☐ **Denied**

Signature _____ Date _____

**Comments**