Department of Education

Print Form

TRAVEL RELATED EXPENSES PAID FOR BY NON-GOVERNMENT ENTITIES

To: Ms. Samantha M. Biletsky, Ethics Officer
Office of Ethics and Conflicts of Interests
New York City Department of Education

Date: _____

Name: _____ **Title:** _____ **Dist. No.** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **EMail:** _____

Name of Non-Gov't Entity: _____ has agreed to pay the travel expenses of

Name of DOE Employee or Official: _____ to attend a meeting, conference, seminar or show.

We have approved this trip as it is for a DOE purpose. If the Office of Ethics and Conflicts of Interest approves accepting payment of expenses for the trip, (name of non-gov't entity) _____ will be informed in writing that the travel expenses are being accepted by the DOE as a gift to the DOE and that the acceptance of this gift will not give (name of non-gov't entity) _____ any advantage in its business dealings with the DOE.

Details of Travel Plans - You MUST Attach Schedule(s) for the Event

Date of Departure: _____ **Date of Return:** _____

Date(s) of Event to be Attended by Employee/Official: **From:** _____ **To:** _____

Travel Arrangements (for air, please indicate whether the employee/official is traveling economy class):

_____

Accommodations:

Name of Facility: _____

Tourist Class: ☐ Yes ☐ No

Your accommodations are at the site of the event: ☐ Yes ☐ No

Please Note If the non-government entity gives the employee or official items worth more than $50, the items may only be accepted as a gift to the Department of Education (DOE), and the employee or official's supervisor must approve their acceptance in writing. The items are the property of the DOE and may only be used for DOE purposes.

APPROVALS

_____ _____

Signature of Superintendent, Executive Director or Head of Office

Signature of Ethics Officer

Date: _____

Revised: January 2009

Date: _____