



# State of New Jersey Department of Community Affairs

## TRAVEL/TRAINING REQUEST APPROVAL FORM

Participant	Title	Division/Affiliate
Event		Location
Event Date(s)	Event Sponsor	

### Purpose of Event:

- Educational      Provide Details:
- Informational

### Exception:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Federally mandated event         | <input type="checkbox"/> Federally funded event                           | <input type="checkbox"/> Local same-day travel    |
| <input type="checkbox"/> Third-party funded event         | <input type="checkbox"/> Training required for certification or licensing | <input type="checkbox"/> Non-discretionary travel |
| <input type="checkbox"/> Travel to obtain federal funding | <input type="checkbox"/> Homeland Security/Economic Development           |   |

### Costs:

*Note: The "Amount" field will be automatically populated when you enter your proposed expenses on page 2.*

All associated costs to be paid by:       Department       Sponsor       Employee      Amount: \_\_\_\_\_

### Attachments: (Select all that apply.)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Request for Travel Authorization | <input type="checkbox"/> Approval for Attendance at an Event Form | <input type="checkbox"/> Registration Information |
| <input type="checkbox"/> Program Agenda                   | <input type="checkbox"/> Justification Memo                       |   |

### Approvals:

In accordance with State Ethics Commission Rules?       Yes       No

_____	_____
ELO	Date

### Funding:

- Available      Comments:
- Not Available
- No Fiscal Impact       Request for Travel Exception

_____	_____
Director of Fiscal Services	Date

- Approve
- Disapprove

Comments:

_____	_____
Chief of Staff	Date

- Approve
- Disapprove

_____	_____
Commissioner	Date

**State of New Jersey Department of Community Affairs  
Office of Fiscal Services**

**REQUEST FOR TRAVEL AUTHORIZATION**

**PART A: TRAVELER AND EVENT INFORMATION (to be completed by traveler)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Emp. ID#: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Event: \_\_\_\_\_ Location: \_\_\_\_\_  
 # Other Employees attending: \_\_\_\_\_

Reason for travel:  STATE BUSINESS  CONFERENCE/CONVENTION  STAFF TRAINING

**PART B: TRAVEL ARRANGEMENTS** — All travel must be coach class; use NJ Transit and mass transit, where available.

SELECT		DEPARTURE INFO			DESTINATION INFO			COST	
Air	Rail	City	Date	Time	City	Date	Time	High Fare*	Low Fare*
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____		
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____		
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____		
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____		
<b>Totals</b>									

\* IMPORTANT! Complete BOTH High Fare and Low Fare columns. Transportation Total is calculated using High Fare.

Airport Shuttle/Taxi  Mileage  x  =   
 Metro/Subway/Bus  Tolls  Event Parking  Baggage Fees   
 Airport Parking

**Transportation Total**

Hotel Name & Address \_\_\_\_\_ Hotel # Nights   
 \_\_\_\_\_ Parking # Days   
 \_\_\_\_\_ Room Rate   
 \_\_\_\_\_ Parking Rate   
 \_\_\_\_\_ Incidentals   
 \_\_\_\_\_ Hotel Cost   
 \_\_\_\_\_ Parking Cost   
 \_\_\_\_\_ Tax   
 Duration of Hotel Stay  
 From  to

**Accommodations/Lodging Total**

# Breakfasts  @  =  # Lunches  @  =  # Dinners  @  =   
 Per Diem Rate  <http://www.state.nj.us/infobank/circular/cir1611.pdf> **Meals Total:**

**Registration Fee:**

**Total Amount:**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_  Approve  Disapprove Date: \_\_\_\_\_

FY	Fund	Agency	Org	APU#	Actv	Rept Cat	Obj

If Federal funds, this is an allowable cost.  
 Division Fiscal Signature: \_\_\_\_\_  Approve  Disapprove Date: \_\_\_\_\_

Division Director Signature: \_\_\_\_\_  Approve  Disapprove Date: \_\_\_\_\_



**State of New Jersey Department of Community Affairs**

**JUSTIFICATION FOR TRAVEL**

**RATIONALE FOR TRAVEL:**

**FUNDING SOURCE:**

**BENEFITS TO THE DEPARTMENT:**

**DISADVANTAGES TO THE DEPARTMENT:**

## Request For Approval For Attendance At Events

Department: \_\_\_\_\_ Division: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Event: \_\_\_\_\_ Sponsor: \_\_\_\_\_

Is the Sponsor an "interested party"?  Yes  No

"Interested party" means: 1) any person or entity your institution regulates, licenses or supervises; 2) any grantee or grantor to your institution and any employee, representative or agent thereof; 3) any supplier/vendor to your institution; 4) any advocacy group that advocates or represents the positions of its members to your institution; 5) any organization a majority of whose members fall under 1-4 above.

Is the State official a speaker, panel participant or resource person?  Yes  NoIs the sponsor an agency of the federal government one or more other states, or a political subdivision thereof?  Yes  NoIs the sponsor a nonprofit organization?  Yes  No If Yes, is the employee or agency a member?  Yes  NoDoes the nonprofit organization have any contracts with the State?  Yes  No

Location: \_\_\_\_\_ Date(s) \_\_\_\_\_

Overnight accommodations required?  Yes  No Out-of-state travel required?  Yes  No

Estimated total Costs: \_\_\_\_\_

Breakdown of Costs: Transportation \_\_\_\_\_ Accommodations \_\_\_\_\_ Meals \_\_\_\_\_ Registration Fees \_\_\_\_\_

Agency to pay costs?  Yes  No Sponsor to pay costs?  Yes  NoEmployee to pay costs?  Yes  No Other person or entity to pay costs?  Yes  No

If yes, note name: \_\_\_\_\_

Reason for attendance: \_\_\_\_\_

Will sponsor offer an honorarium or fee?  Yes  NoCheck:  Copy of invitation letter attached.  Copy of agenda or other description of event attached.\_\_\_\_\_  
Employee Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Supervisor's Signature and Approval\_\_\_\_\_  
Date

## FOR DEPARTMENTAL USE ONLY

Is this event mandatory?  Yes  NoIs Certification offered?  Yes  NoHave we participated in this event before (i.e., Annual Conference)?  Yes  NoIs there an opportunity to distribute publications to attendees?  Yes  NoHas the press been invited to this event?  Yes  No

## \*\*\*SPACE BELOW FOR ELO USE ONLY\*\*\*

Attendance approval?  Yes  No**Note: Acceptance of honoraria or fees is not permitted.**

Conditions: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Ethics Liaison Officer

 Sponsor is an interested party and employee will be accepting event benefits as a speaker, panelist or resource person. A copy of form will be forwarded to the State Ethics Commission pursuant to N.J.A.C. 19:61-6.4(f).