



ETHICS LIAISON OFFICER  
 505 Ramapo Valley Road, Mahwah, NJ 07430-1680  
 Phone (201) 684-6975  
 Email: [Ethics@Ramapo.edu](mailto:Ethics@Ramapo.edu)  
<https://www.ramapo.edu/ethics-officer/>

## Ramapo College of New Jersey Request for Approval for Attendance at Events

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

Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Core and Department: \_\_\_\_\_

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

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

**“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 that advocates or represents the positions of its members to your institution; 6) any organization a majority of whose members fall under 1-4 above.

Event Location: \_\_\_\_\_ Event Date: \_\_\_\_\_

**REQUIRED (one of the below):**

Copy of Invitation

Copy of Agenda/description of Event

	Yes	No
Is the Sponsor an "Interested Party"?	<input type="checkbox"/>	<input type="checkbox"/>
Is the State official a speaker, panel participant or resource person?	<input type="checkbox"/>	<input type="checkbox"/>
Is the Sponsor an agency of the federal government, one or more other states or a political subdivision thereof?	<input type="checkbox"/>	<input type="checkbox"/>
Is the Sponsor a nonprofit organization?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is the employee or College a member?	<input type="checkbox"/>	<input type="checkbox"/>
Does the nonprofit organization have any contracts with the State/College?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Sponsor have any contracts with the State/College?	<input type="checkbox"/>	<input type="checkbox"/>



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Estimated Total Cost: \$ \_\_\_\_\_

Transportation \$ \_\_\_\_\_ Meals \$ \_\_\_\_\_ Accommodations \$ \_\_\_\_\_ Registration Fees \$ \_\_\_\_\_

	Yes	No	
College to pay cost?	<input type="checkbox"/>	<input type="checkbox"/>	
Sponsor to pay cost?	<input type="checkbox"/>	<input type="checkbox"/>	
Employee to pay cost?	<input type="checkbox"/>	<input type="checkbox"/>	
Other person or entity to pay cost?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, name: _____
Sponsor to offer honorarium or fee?	<input type="checkbox"/>	<input type="checkbox"/>	

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

	Yes	No
Will participation in this event serve a legitimate State purpose?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, describe how: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Unit Head Signature**

\_\_\_\_\_  
**Date**

<b><i>To be completed by the Ethics Liaison Officer</i></b>							
	<table border="0"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: right;">Attendance Approved</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Yes	No	Attendance Approved	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No					
Attendance Approved	<input type="checkbox"/>	<input type="checkbox"/>					
Conditions, if any:							
_____							
_____							
Ethics Officer Signature	Date						
<p>_____ <b>Sponsor is an interested party and employee will be accepting benefits as a speaker, panelist or resource person. A copy of this form will be forwarded to the State Ethics Commission pursuant to N.J.A.C. 19:61-64(f).</b></p>							



## TRAVEL AUTHORIZATION REQUEST

Travel Request Date: \_\_\_\_\_  
 Travel Request Number: \_\_\_\_\_

Employee Name: \_\_\_\_\_ R #: \_\_\_\_\_ Title: \_\_\_\_\_

Faculty    Staff   Unit Name: \_\_\_\_\_

Fund: \_\_\_\_\_ Org: \_\_\_\_\_ Acct: \_\_\_\_\_ Prgm: \_\_\_\_\_ Phone Ext: \_\_\_\_\_

**Non-faculty only** Request for Approval for Attendance at Events form received

Reason for Travel: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Destination: \_\_\_\_\_

Other Employees Traveling: \_\_\_\_\_

Travel Description	Estimated Cost	
	<u>Reimbursement</u>	<u>P Card Charge / Purchase Order</u>
<b>Means of Travel</b> <input type="checkbox"/> Air <input type="checkbox"/> Rail <input type="checkbox"/> Car Rental <input type="checkbox"/> Personal Vehicle <input type="checkbox"/> College Vehicle Personal/College Vehicle:   Estimated Mileage: College Vehicle: Dates Needed: _____ Car Rental: Dates Needed: _____		
<b>Hotel</b> Dates Needed: _____		
<b>Meals</b> (enter number of each required) Breakfast: _____ Lunch: _____ Dinner: _____		<i>Not Applicable</i>
<b>Other Costs</b> (explain fully) _____		

<b>Reimbursement Amount</b>	
<b>Total Cost of Trip (Reimbursement + P Card)</b>	
<b>Approved Amount</b>	

\_\_\_\_\_/\_\_\_\_\_  
 Print Name                      Signature  
**Approved Expenditure – Unit Head**

\_\_\_\_\_/\_\_\_\_\_  
 Print Name                      Signature  
**Approved Expenditure – Division VP**