



New York State Joint Commission on Public Ethics
 540 Broadway
 Albany, New York 12207

OFFICIAL ACTIVITY EXPENSE PAYMENT APPROVAL REQUEST

In accordance with 19 NYCRR Part 931.3(b)

Name of Covered Person Requesting Approval			
Identity of Offeror			
Nature of Offeror's Business			
Location of Service		Date of Service	

DESCRIPTION OF SERVICE

EXPENSE PAYMENT TYPE	AMOUNT
Service	\$
Attendance	\$
Registration	\$
Travel	\$
Lodging	\$
Meals	\$
Total	\$

AGENCY INFORMATION			
Agency Name			
Agency Action		Approved	Denied
AGENCY COMMENT			

I declare that the information contained in this request is true, correct, and complete to the best of my knowledge and belief.

 Signature of Covered Person

 Date

 Print Name