



Middle Georgia
State University

Office of the President
100 University Parkway, Macon, GA 31206
478.471.2712 mga.edu

Macon
Cochran
Dublin
Eastman
Warner Robins
and online everywhere

**Middle Georgia State University
Approval Form
Travel/Conference Expenses Paid by a Vendor or Third Party**

Purpose: This form should be completed by employees seeking approval to attend training, conferences, meetings or demonstrations related to official or professional duties where the actual or reasonable expenses for food, beverage, travel, lodging or registration will be paid by or reimbursed from a third party (to include a vendor or lobbyist). ***Completed forms should be forwarded through your supervisor to the Office of the President.***

Policy Requirement: [BOR Gratuities Policy 8.2.18.4](#), defines that a gift shall not include: (4) actual and reasonable expenses for food, beverages, travel, lodging and registration provided to permit participation in a meeting, demonstration, or training related to official or professional duties ***if participation has been approved in writing by the Chancellor, the President, or his/her designee.***

In accordance with BOR policies, the President has delegated approval authority under this policy to the University Counsel.

Please provide the information requested below:

Employee Name: _____ Employee Title: _____

Vendor or 3rd Party Offering to Pay Expenses: _____

Name of Training / Meeting / Conference: _____

Location: _____ Dates of Travel: _____

Organization Name: _____

Organizational Affiliation:

- Professional Association
- Non-Vendor Organization (no potential)
- Current Vendor
- Potential Vendor
- Lobbyist
- Other

If Other: please describe affiliation:

Purpose of Meeting or Training:

Estimated amount to be Paid by Vendor or 3rd Party: \$ _____

Type of expenses to be paid by Vendor or 3rd Party:

- Food/Meals
- Lodging/Accommodations
- Transportation (car, plane, etc.)
- Materials
- Registration
- Membership
- Honoraria
- Other

If Other: please describe affiliation:

	Yes	No
Is the meeting or training related to your official or professional duties?	<input type="checkbox"/>	<input type="checkbox"/>
Is the 3rd party currently in a RFP process for which you have input?	<input type="checkbox"/>	<input type="checkbox"/>
Is the meeting or training designed to provide training on products or services currently being used by the USG or otherwise provide information relevant to the employee's responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Is the meeting, training, or demonstration intended to serve as a marketing event for the vendor?	<input type="checkbox"/>	<input type="checkbox"/>
Will you be participating in any of the presentations or have a role in the meeting/training/conference other than attending?	<input type="checkbox"/>	<input type="checkbox"/>
Are you aware of any activities associated with this request that would create the appearance of a conflict of interest or otherwise undermine the public's confidence in the integrity of the USG?	<input type="checkbox"/>	<input type="checkbox"/>

Acknowledgement:

I acknowledge that if at any time the activities above should develop an actual or apparent conflict of interest, I must disclose it:	Initial:	
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Employee Name

Employee Signature

Date

To be completed by authorizing representatives:

Approval / Denial by employee's immediate supervisor:

Approved Denied

Supervisor Name

Supervisor Signature

Date

Approval / Denial by Office of President:

Approved Denied

Restrictions / clarifications:

Authorizing Employee

Authorizing Signature

Date