

AUTHORIZATION OF EMPLOYEE EXPENSES TO BE PAID BY A THIRD-PARTY ORGANIZATION

Purpose: As provided in the Agency of Administration’s Bulletin 3.4: Employee Travel & Expense Policy, the participating employee and their supervisor (or responsible manager) must complete this form whenever a third-party organization* (*see criteria below*) has offered to pay or reimburse expenses for a State of Vermont employee to attend a conference, meeting, training, etc.. The completed form must be provided as supporting documentation with the employee’s Travel Authorization and Expense Report; if a Travel Authorization is not required or an Expense Report is not submitted, the form must still be completed and forwarded to the department’s expense coordinator for retention.

* **Third-Party Organization:** Refers to any public or private, for profit or non-profit organization or individual; this form is not required when the third-party organization is a State or Federal government entity.

EMPLOYEE NAME		EMPLOYEE ID	
DEPARTMENT		DEPARTURE DATE	
POSITION TITLE		RETURN DATE	
DESTINATION (City, State/Country)			
PURPOSE of TRAVEL			

THIRD-PARTY ORGANIZATION	
CONTACT PERSON	
CONTACT INFORMATION (phone/email)	

To the best of your knowledge, does the third-party organization have a current contract or grant with the State of Vermont? YES NO

Explanation of *why* the third-party organization has offered to pay/reimburse expenses:

How will the third-party pay for expenses? Direct Vendor Payments Reimburse State of Vermont
 ➤ Employees are not authorized to accept direct payments or reimbursements from a third-party organization.

Provide a cost estimate of which expenses will be paid by the third-party:

Airfare		Registration Fee	
Other Transportation		Meals	
Lodging		Other Expenses	

EMPLOYEE CERTIFICATION: I certify that acceptance of third-party participation will not create any conflict of interest with the best interests of the State of Vermont, nor will it impair my ability (*or of any other State employee*) to responsibly perform my duties:

Employee Signature & Date

SUPERVISOR/MANAGER APPROVAL: I have reviewed the information on this form and concur that payment of expenses by the third-party organization does not create a conflict of interest.

Supervisor/Manager Printed Name

Supervisor/Manager Signature & Date