

CITY OF BUFFALO

Ethics Board

Travel Request - 3rd Party Reimbursement

(not paid for by City)

TRAVELER	Social Security Number (Last 4)
Department or Division	
Destination	
Dates of Travel	Traveler's Phone No.

Contact Name (Company or Person paying for travel.) _____ Address _____ Phone _____	There will be no cost to the City. Travel expenses will be paid by
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<u>TRAVEL CATEGORY</u> <input type="checkbox"/> Business <input type="checkbox"/> Conference <input type="checkbox"/> Education <input type="checkbox"/> Site Visit (Describe) _____ _____
NATURE OF TRAVEL, EVENT NAME OR TOPIC. (ATTACH BROCHURE/AGENDA)

<u>TRAVELER'S CERTIFICATION</u>		
I certify that this travel request and related expenses serve as a public purpose authorized by law and are necessary for me to perform the responsibilities of my position.		
Signature _____	Title _____	Date _____

ACTUAL		
	Date	Time
Depart	_____	_____
Return	_____	_____

**PLEASE FILL OUT IN FULL AND SUBMIT TO :
BUFFALO BOARD OF ETHICS
CITY CLERK'S OFFICE
1308 CITY HALL
BUFFALO, NEW YORK 14202**

Department Head _____	Date _____
Board of Ethics _____	Date _____
Meeting Date _____	