



CITY OF ATLANTA BOARD OF ETHICS Travel Disclosure Report

*To be completed by any city official or employee who is paid by or receives reasonable hosting expenses from a non-city source for travel or event attended in an official capacity
Due within 30 days of the travel, event, or receipt of reimbursements*

PART ONE: IDENTIFYING INFORMATION

(1) Name _____
First Middle Last

(2) Select the primary role in which you are filing this report.

- City elected official
- City employee
- Board member or hearing officer
- Neighborhood planning unit (NPU) officer
- Executive director

(3) City Elected Officials. What is your position as a city elected official?

- Mayor
- Council President
- City Council Member
- Municipal Court Judge

(4) a. City Employees. What is your position with the City?

- Chief or Deputy Chief Operating Officer; Chief or Deputy Chief of Staff
- Commissioner, Department head, or its equivalent
- Deputy Commissioner, Deputy Department head, or its equivalent
- Employee in the Mayor's office who reports directly to the Mayor
- Other city employee

b. Specific city job title _____

(5) What is the name of your city department or office?

(6) What is the name of the city board, commission, or agency on which you serve?

(7) In which neighborhood planning unit do you serve as an officer?

PART TWO: EXPENSES PAID BY A NON-CITY SOURCE. *Report each trip separately.*

(8) What was the purpose of the travel?

- Attending a conference
- Participating on a professional or civic panel
- Speaking engagement
- Teaching
- Training
- Other (describe) _____

(9) What was the subject matter of the event? _____

(10) When was the event held? *(mmddyyyy) to (mmddyyyy)* _____

(11) List the location for the event. _____

(12) Who paid your expenses? *List the full name and address of the entity that paid or reimbursed your expenses. Do not abbreviate.*

Name _____

Address _____

City _____ **State** _____ **Zip Code** _____

(13) What expenses were paid or reimbursed by this entity? *Select any that apply.*

- Transportation
- Lodging
- Meals
- Registration
- Other (describe) _____

(14) List the amounts paid or reimbursed in each category. *Obtain the dollar amounts from the entity that paid for your expenses; if dollar amounts are unavailable, provide a good faith estimate of the expenses.*

Transportation _____ Lodging _____

Meals _____ Registration _____

Other _____ Total _____

PART THREE: SIGNATURE.

You must sign your statement to complete it.

I affirm that I have reviewed the information contained in this report and, to the best of my knowledge, it is a true, accurate, and complete report of expense reimbursements that I received or payments made on my behalf for the travel or event.

Signature _____ Date _____