

**DISCLOSURE BY NON-ELECTED PUBLIC EMPLOYEE
OF TRAVEL EXPENSES SERVING A LEGITIMATE PUBLIC PURPOSE
AS REQUIRED BY 930 CMR 5.08(2)(d)1.**

2019 DEC 23 AM 11:08

NON-ELECTED PUBLIC EMPLOYEE INFORMATION	
Name of non-elected public employee:	Francis Burns
Title/ Position	Spanish teacher
Agency/ Department	Spanish Domain
Agency address:	49 Antietam Street · Deven, Ma 01434
Office phone:	978-772-3293
Office e-mail:	fburns@theparkerschool.org
Write an X to confirm each statement.	<p>I am filing this disclosure because:</p> <p><input checked="" type="checkbox"/> I am going to engage in an activity that serves a legitimate public purpose, i.e., it is intended to promote the interests of the Commonwealth, a county or a municipality; and</p> <p><input checked="" type="checkbox"/> A non-public entity (but not a lobbyist) has offered to reimburse, waive or pay travel expenses and costs worth more than \$50.</p>
ACTIVITY THAT SERVES A LEGITIMATE PUBLIC PURPOSE	
Describe the activity which is the reason for traveling.	Chaperone cultural trip exchange
Describe your participation in the activity.	Chaperoning a cultural exchange trip to Mexico
Date, time and location of activity.	April vacation 2020 Yucatan, Mexico 17-25
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	<p>etc - cultural exchange</p> <p>- etc language</p> <p>- show students another perspective, language learning</p>

TRAVEL EXPENSES	
Identify the person or organization that offered to reimburse, waive or pay your travel expenses.	Parker + Interact Travel
Address of person or organization.	49 Antietam Street Deven, Ma 01434 Interact Travel 2207 Velp Ave. Green Bay, WI 54303
Provide information in as much detail as possible:	<i>Itemization and explanation of amounts offered:</i>
Transportation:	Air, train, bus, and taxi fare and rental car hire, etc. Air, ^{rental} bus
Lodging:	Overnight accommodations. Homestay
Meals:	Breakfast, lunch, dinner, special events. w/ homestay
Admission:	Registration, admission, tickets, etc.
Other (please list):	Refreshment, instruction, materials, entertainment, etc.
Total:	\$2360.00 Travel Insurance '50 Cell phone '80
Write an X beside any statement that applies.	<input checked="" type="checkbox"/> I have attached the relevant itinerary. <input type="checkbox"/> I have attached the relevant agenda.
Employee signature:	
Date:	12/11/19

Attach additional pages if necessary.

Complete the disclosure and submit it to your appointing authority.

DETERMINATION BY APPOINTING AUTHORITY

APPOINTING AUTHORITY INFORMATION	
Name of Appointing Authority:	Todd Sumner
Agency and Title/Position:	Principal
Agency address:	49 Antietam St. Devens, MA 01434
Office phone:	978-772-3293
Employee who filed the disclosure:	Francis Burns
DETERMINATION	
To give approval, check <u>both</u> statements.	<p>Upon consideration of the facts disclosed by the employee above, I find that:</p> <p><input checked="" type="checkbox"/> Acceptance of the reimbursement, waiver or payment of travel expenses will serve a legitimate public purpose, i.e., it will promote the interests of the Commonwealth, a county or a municipality; AND</p> <p><input checked="" type="checkbox"/> Such public purpose outweighs any special non-work related benefit to the employee or the person providing the reimbursement, waiver or payment.</p>
Reason that the employee's travel or attendance will serve a legitimate public purpose:	To immerse Spanish students in the Mexican culture and Spanish language and further their Spanish skills and motivation.
Appointing Authority signature:	JHS.
Date:	20 DEC 19

Attach additional pages if necessary.

The appointing authority should maintain the disclosure as a public record and give a copy of any signed determination to the employee.

