LOUISIANA BOARD OF ETHICS

Mail: P.O. Box 4368, Baton Rouge, LA 70821

Fax: 225-381-7271

Upload: https://eap.ethics.la.gov/FileUpload

COMPLIMENTARY ADMISSION, LODGING AND/OR TRANSPORTATION **DISCLOSURE STATEMENT**

Agency Head Certification (to be completed prior to event attendance):	
 Certify that the Public Servant transportation, or reimbursem ☐ is of direct benefit to the age ☐ will enhance the knowledge Certify that I approved the P 	
	AGENCY HEAD'S SIGNATURE:
ADDRESS: CITY, STATE, ZIP:	
POSITION TITLE:	
EMPLOYING AGENCY:	
DATE OF EVENT:	
LOCATION:	
DESCRIPTION OF PURPOSE OF PUB AND/OR REASONABLE TRANSPORT	BLIC SERVANT'S ACCEPTANCE OF COMPLIMENTARY ADMISSION, LODGING, FATION:
PERSON/ORGANIZATION PROVIDING ADMISSION, LODGING, AND/OR TR	NG ANSPORTATION:
AMOUNT EXPENDED/REIMBUR ADMISSION: \$	SED ON PUBLIC SERVANT LODGING: \$ TRANSPORTATION: \$
Public Servant Attestation: By my signature below, the above-pr and belief.	ovided information is true and correct to the best of my knowledge, information,
	PUBLIC SERVANT'S SIGNATURE:
	DATE: