



Gift and Entertainment Authorization Form

The Pennsylvania State University is committed to the value of Integrity, acting in accordance with the highest standards of academic, professional, and ethical conduct. The University does not intend to create even the appearance of impropriety or a perceived conflict of interest when receiving payment or other benefits to an individual who works for Penn State.

Any acceptance of payment or benefits offered by a third party is subject to the Bylaws of The Pennsylvania State University (Section 8.13); University Policies AD86, AD88, and HR91; and applicable federal, state, and local laws, regulations and ethics rules. (For more information, please see the [Office of Ethics and Compliance Ethical Culture Initiatives](#) or [Penn State Policies](#))

ALL OFFERED PAYMENTS OR BENEFITS IN EXCESS OF \$100 THAT ARE SUBJECT TO THE ABOVE MUST BE REVIEWED BY THE OFFICE OF ETHICS AND COMPLIANCE FOR APPROVAL OR DENIAL.

To expedite the review process, please provide copies of the following to psoec@psu.edu or the address listed above:

- Agenda for conference or trip (if applicable)
 - Ethics certification request from third party (if applicable)
 - This completed form with signatures
1. Who is offering the gift, entertainment, payment, benefit, hospitality, or favor?

 2. What is the gift, etc.?

 3. Who will be the recipient(s) of said gift, etc.? Please include current position at the University.

 4. What is the relationship of the third party to the University (e.g., vendor, potential vendor, negotiation status)?

5. What is the benefit to the University in accepting this gift, etc.?

6. What is the role of the employee(s) in influencing, recommending, or selecting the third party for University work (e.g., selection/recommendation committee, provide information or feedback regarding the third party to decision makers)?

7. What is the appropriateness of the activity for the role/position of the employee (e.g., conference presentation, technical training, professional education, continuing education credits)?

8. What social activities are included in the agenda (if applicable)?

Supervisor Name	Supervisor Signature	Date
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Employee Name	Employee Signature	Date
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Employee Name	Employee Signature	Date
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Employee Name	Employee Signature	Date
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THE ABOVE HAS BEEN APPROVED BY THE OFFICE OF ETHICS AND COMPLIANCE:

Timothy Balliett University Ethics Officer	Date
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