THE COMMONWEALTH OF MASSACHUSETTS
TRAVEL AUTHORIZATION FORM (Form TAF)

1. Date of Request:	2. Travel Request #:	3. Department/Division:	4. DEPT/ORGN:	5. Appropriation No.:
June 22, 2026	TAF-26-13	Operational Services Division	OSD / 0100	1775-0115

6. Name of Traveler(s): Anna Shpigel	7. Title(s): Deputy Assistant Secretary for Operational Services	8. Dates of Travel: September 26, 2026 – October 1, 2026

9. Travel Itinerary and Justification

Destination - Phoenix, AZ

To participate in the National Association of State Procurement Officials' (NASPO) Annual Conference (9/27-9/30/2026). The conference provides an opportunity for procurement leaders from across the country to collaborate, share best practices, and discuss emerging issues in public procurement. The conference focuses on professional development, networking, and strategic partnerships. NASPO covers the cost of travel for two CPO/Primary Members to attend.

The sponsoring organization, NASPO will cover conference attendees' costs, including airfare, rideshare fees, registration, lodging, and meals.

Supporting documentation: Agenda and approved Ethics Disclosure form are included with this request.

10. Expenses	Personal Funds	MA State Funds	Federal/ Other State Funds
Transportation: (check all that apply) ✓Airfare Personal ✓Rideshare	N/A	N/A	N/A
Lodging: Sheraton Wild Horse Pass, Phoenix, AZ	N/A	N/A	N/A
Meals:			
Sub Total(s):			

GRAND TOTAL: See Section 12.

11. Certifications and Authorizations (See G.L. c. 30, §25B)

I hereby certify under the pains and penalties of perjury that, to the best of my knowledge, the above information is true and correct.

Anna Shpigel (Jun 22, 2026 09:08:12 EDT)

Title: Deputy Assistant Secretary for Operational Services

Date: June 22, 2026

I hereby certify that sufficient funds are available for the above-described travel accommodations. – NO State Funds needed for this travel

Signature of Agency CFO: Laurie Paskevich

Laurie Paskevich (Jun 22, 2026 09:12:27 EDT)

Date: 06/22/2026

I hereby authorize the anticipated travel described above and related expenses listed in this form.

Signature of Traveler's Appointing Authority:

Mark Fine (Jun 22, 2026 13:17:34 EDT)

Title: Assistant Secretary for Operational Services

Date: 06/22/2026

I hereby authorize the anticipated travel described above and related expenses listed in this form.

Signature of the Traveler's Cabinet Secretary: Matthew J. Gorzkowicz

Date: 6/22/2026

12. Travel Funded By Private Entity, Foreign Government Entity, or Federally Recognized Tribe: Yes

Travel Funded By Private Funds: X Yes ☐No

If Yes $4,518.00

Source (Contact Information): Brandy Ann Willard, Director of Partnerships
National Association of State Procurement Officials (NASPO) 110 West Vine Street – Suite 600 | Lexington, KY 40507
(859) 618-6889 | BAWillard@naspo.org

TRAVEL FUNDED BY PRIVATE SOURCES MUST BE DISCLOSED TO AND AUTHORIZED BY APPOINTING AUTHORITY PURSUANT TO 930 CMR 5.08 (2)(d)(1). FOR THE APPROPRIATE FORM GO TO: https://www.mass.gov/disclosure-forms

13: Upon final approval, the Cabinet Secretary shall ensure that a copy of this form is distributed to:
☐ **A&F Budget Director & The Office of the Comptroller (please check once complete)**

TRAVEL AUTHORIZATION FORM (Form TAF) - INSTRUCTIONS

1. Date of Request: Date the form is executed by traveler. Approval of this form is required in advance of travel, except in extraordinary circumstances.
2. Travel Request #: Departmental Fiscal Officer may insert internal control or sequence number for audit/tracking purposes.
3. Department/Division: Insert the name of your department and division.
4. DEPT/ORGN: Insert traveler's Departmental MMARS three-letter code and four-digit Organization Number.
5. Appropriation Number: Insert the appropriation number against which travel purchases are to be encumbered and expended.
6. Name(s) of Traveler(s): List names of traveler(s) traveling on the same itinerary.
7. Title(s): Position/Title of each traveler.
8. Dates of Travel: List the departure and return dates of travel.
9. Travel Itinerary and Justification: The traveler should provide the destination and a brief summary of the trip itinerary. State the sponsoring organization. Supporting documentation may be attached.
10. Expenses:
    a. Personal Funds: Indicate the amount of personal funds that are to be used and for which reimbursement will not be sought.
    b. MA State Funds: Indicate the total funds that will be expended by the Department on behalf of the state employee traveler, either in direct payment to a travel service vendor, charge account vendor, or through employee reimbursements.
    c. Federal/Other State Funds: Indicate the total funds that will be expended by the federal government or another state on behalf of the state employee traveler, either in direct payment to a travel service vender, charge account vendor, or through employee reimbursements.
    d. Transportation: Include the total round-trip travel fare for a common carrier (air, rail bus, etc.). If using a personal vehicle, indicate the rate per mile that is reimbursable under the relevant provisions of current Collective Bargaining Agreements for union members or applicable Rules for non-union employees.
    e. Lodging: Include the total hotel room and tax expenditure. Use more than one line if more than one hotel property is used.
    f. Meals: Indicate the total reimbursable amount for meals. It is not necessary to break out the individual amounts for each meal. This will be accounted for in attached receipts and departmental internal control procedures.
    g. Other: State type and amount of any anticipated expenses not otherwise named such as telephone calls.
    h. Sub Total: Total the dollar expenditure expected for each column.
    i. Grand Total: List the grand total for the trip. (The sum of the sub totals for Personal Funds, MA State Funds, and Federal/Other State Funds)
11. Certifications and Authorizations: In accordance with state law, the traveler must receive approval from the appointing authorities and officers listed in this form. Approval is required in advance of travel, except in extraordinary circumstances.
12. Travel Funded By Private Entity, Foreign Government Entity, or Federally Recognized Tribe: A state employee may not accept an offer from a private entity or individual, foreign government entity, or federally recognized tribe subsidizing travel and related expenses worth $50 or more unless an exemption applies under the conflict of interest law, M.G.L. c. 268A, §§3, 23(b)(2) and 23(b)(3), and related regulation 930 CMR 5.05(2). An exemption may apply if the employee makes the proper disclosure and his or her appointing authority determines that the travel will serve a legitimate public purpose that is not outweighed by a private benefit. See 930 CMR 5.08 (2)(d)(1). Disclosure of private funding on the TAF alone will not meet the requirements of the state conflict of interest law. The State Ethics Commission has developed a form that should be used for both the disclosure and determination. Go to https://www.mass.gov/disclosure-forms.
13. Distribution to A&F and CTR: Per M.G.L. Chapter 30, Section 25B, approval shall be filed with the A&F Budget Director and the Office of the Comptroller. To ensure compliance, approving authorities can now send digital copies to TAF@mass.gov to ensure both offices receive approved TAFs. Copies can also be sent physically to both offices, if preferred.

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

	NON-ELECTED PUBLIC EMPLOYEE INFORMATION
Name of **non-elected** public employee:	Anna Shpigel
Title/ Position	Deputy Assistant Secretary for Operational Services
Agency/ Department	Operational Services Division (OSD)
Agency address:	1 Ashburton Place, Room 1608 / Boston, MA 02108
Office phone:	(617) 720-3138
Office e-mail:	Anna.Shpigel@mass.gov
Write an X to confirm each statement.	I am filing this disclosure because: _X_ 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 _X_ A non-public entity (but not a lobbyist) has offered to reimburse, waive or pay travel expenses and costs worth more than $50.
	ACTIVITY THAT SERVES A LEGITIMATE PUBLIC PURPOSE
Describe the activity which is the reason for traveling.	To attend the 2026 National Association of State Procurement Officials (NASPO) Annual Meeting.
Describe your participation in the activity.	Conference attendee – representing the Commonwealth of Massachusetts
Date, time, and location of activity.	Sunday, September 27 – Tuesday, September 29, 2026 Chicago Marriott Downtown (Actual travel dates are September 26-October 1)
Please explain how the activity will promote the interests of the Commonwealth, a county, or a municipality.	The event is a nationwide platform for engagement among member states for networking, connection, and peer-to-peer best practice sharing and will equip members with practical solutions, innovative approaches, and best practices for state procurement. NASPO invites two senior level representatives to attend from each state.

	TRAVEL EXPENSES
Identify the person or organization that offered to reimburse, waive, or pay your travel expenses.	Brandy Ann Willard, Director of Partnerships National Association of State Procurement Officers, NASPO (702) 553-4690 | bawillard@naspo.org
Address of person or organization.	201 E. Main St., Suite 1405 Lexington, KY 40507
Transportation:	**Air, Vehicle Rental and Rideshare**: Airfare: Roundtrip Boston, MA to Pheonix, AZ: $733 Baggage Fees Roundtrip: $150 Rideshare or Taxi: Roundtrip home to airport: $140 Rideshare or Taxi: Roundtrip airport to hotel: $200 Total = $1,223.00
Lodging:	**Overnight Accommodations**: September 27, 2026 - September 30, 2026 Sheraton Wild Horse Pass Phoenix, AZ 4 nights @ $375/each night Total =$1,500
Meals:	**Breakfast**, **lunch**, **dinner**, **special events**: Meals not already covered in the event up to $59/day: using per diem rates of $13 breakfast, $16 lunch, $26 dinner. Per Diem Rate 5 days at $59/day = $295 Meal Total = not to exceed $295
Admission:	**Registration**, **admission**, **tickets**, **etc**.: Program Fee = $1,500
Total:	**Grand Total** = $4,518.00
Write an X beside any statement that applies.	__x__ **I have attached the relevant itinerary**. __x__ **I have attached the relevant agenda**.
Employee Signature:	Anna Shpigel (Jun 22, 2026 09:08:12 EDT)
Date:	06/22/2026

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:	Mark Fine
Agency and Title/Position:	Assistant Secretary for Operational Services
Agency address:	1 Ashburton Place, Room 1608 / Boston, MA 02108
Office phone:	617-720-3330
Employee who filed the disclosure:	Anna Shpigel
	DETERMINATION
To give approval, check <u>both</u> statements.	Upon consideration of the facts disclosed by the employee above, I find that: __X_ 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 __X_ Such public purpose outweighs any special non-work-related benefit to the employee or the person providing the reimbursement, waiver or payment.
Reason that the employee's travel or attendance will serve a legitimate public purpose:	Anna's participation in the NASPO Annual Conference is an opportunity to attend valuable educational sessions to enhance knowledge and expertise in promoting best practices, and procurement programs, while networking with other public procurement leaders to share ideas and develop business relationships.
Appointing Authority Signature:	Mark Fine (Jun 22, 2026 13:17:34 EDT)
Date:	06/22/2026

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.##

# #

AGENDA AT A GLANCE

Here's what's scheduled for the event. All times are listed in MST.

KEY

Invite-Only Meetings	Registration Hours	Auxiliary Content	Networking and Meals

SUNDAY, SEPTEMBER 27

NASPO Board of Directors Meeting and Luncheon
11:30 a.m. - 2:30 p.m.

Registration Open
2:00 p.m. - 5:00 p.m.

Get Your Bearings: Venue Tour
3:00 p.m. - 3:30 p.m.

NASPO ValuePoint Executive Council Meeting
3:00 p.m. - 4:30 p.m.

Welcome Reception
6:00 p.m. - 9:00 p.m.

MONDAY, SEPTEMBER 28

Guided Walking Tour
7:00 a.m. - 8:00 a.m.

Registration Open
8:00 a.m. - 5:00 p.m.

Breakfast
8:00 a.m. - 9:45 a.m.

Headshot Lounge
8:00 a.m. - 1:00 p.m.

Business Meeting
8:45 a.m. - 9:45 a.m.

Welcome Back and Opening Remarks
10:15 a.m. - 10:45 a.m.

Roll Call of the States
10:45 a.m. - 11:30 a.m.

Networking Lunch
11:30 a.m. - 12:30 p.m.

General Session
12:45 p.m. - 1:45 p.m.

Learning Groups
2:00 p.m. - 2:45 p.m.

General Session
3:15 p.m. - 4:15 p.m.

Welcome to Phoenix Offsite Reception
6:30 p.m. - 8:00 p.m.

TUESDAY, SEPTEMBER 29

Registration Open
7:15 a.m. - 5:30 p.m.

Breakfast
7:30 a.m. - 8:30 a.m.

Welcome Back and Keynote:
8:30 a.m. - 9:45 a.m.

Topical Roundtables
10:00 a.m. - 11:00 a.m.

Breakout Session One
(4) Breakouts Repeat in Session Two
11:15 a.m. - 12:00 p.m.

NASPO Partnership Luncheon
12:00 p.m. - 1:00 p.m.

Learning Groups
1:15 p.m. - 1:45 p.m.

Breakout Session Two
(4) Breakouts Repeated from Session One
2:00 p.m. - 2:45 p.m.

Workshop
3:00 p.m. - 4:30 p.m.

Explore Phoenix NASPO Night Out (*On Your Own*)
5:30 p.m. - 9:00 p.m.

WEDNESDAY, SEPTEMBER 30

Registration Open
7:45 a.m. - 3:00 p.m.

Breakfast
8:00 a.m. - 9:00 a.m.

Cronin Breakout Session One
(5) Breakouts Repeated In Cronin Session Two
9:00 a.m. - 9:30 a.m.

Cronin Breakout Session Two
(5) Breakouts Repeated from Cronin Session One
9:45 a.m. - 10:15 a.m.

Regional Discussions
(4) Regional Discussions
10:30 a.m. - 11:45 a.m.

Networking Lunch
11:45 a.m. - 1:00 p.m.

Breakout Session Three
(3) Non-Repeating Breakouts
1:00 p.m. - 1:45 p.m.

Learning Groups and Closing
2:00 p.m. - 3:00 p.m.

Awards Night
5:45 p.m. - 8:00 p.m.

Awards Night Reception
8:00 p.m. - 10:00 p.m.