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.:
07/08/2026	TAF-26-01	Operational Services Division (OSD)	OSD	

6. Name of Traveler(s):	7. Title(s):	8. Dates of Travel:
Jennifer C. Lyons	Deputy General Counsel	7/22-7/25

9. Travel Itinerary and Justification

To participate in the National Association of State Procurement Officials (NASPO) Reach Conference in Oklahoma City. Travel to and from Oklahoma City will occur on July 22 and July 25, respectively. On July 23 and June 24, attendance at the NASPO REACH conference will include preparation activities and participation in two speaking engagements focused on responsible AI use in public procurement and government legal operations, supporting the Commonwealth's leadership in ethical and innovative procurement practices. NASPO will pay travel expenses for this conference.

Supporting documentation, i.e. Agendas or brochures.

10. Expenses	Personal Funds	MA State Funds	Federal/ Other State Funds
Transportation: (check all that apply)	N/A	N/A	N/A
Lodging:	N/A	N/A	N/A
Meals:	N/A	N/A	N/A
Other: (please list):	N/A	N/A	N/A
Sub Total(s):	N/A	N/A	N/A

GRAND TOTAL: ___

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.
Signature of Traveler: Jennifer C. Lyons
Jennifer C. Lyons (Jul 9, 2026 09:05:01 EDT)
Date: 07/09/2026

I hereby certify that sufficient funds are available for the above described travel accommodations.
Signature of Agency CFO: Laurie Paskevich
Laurie Paskevich (Jul 9, 2026 09:07:33 EDT)
Date: 07/09/2026

I hereby authorize the anticipated travel described above and related expenses listed in this form.
Signature of Traveler's Appointing Authority: Mark Fine (Jul 9, 2026 10:02:02 EDT)
Title :Assistant Secretary for Operational Services
Date: 07/09/2026

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: 7/28/2026

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

Travel Funded By Private Funds: X**Yes** ☐**No**
If Yes: $1,629.00
Source (Contact Information): Lorna Martin LMartin@naspo.org
National Association of State Procurement Officials (NASPO) 110 West Vine Street – Suite 600 | Lexington, KY 40507 | 859-538-5231

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:	Jennifer C. Lyons
Title/ Position	Deputy General Counsel
Agency/ Department	Operational Services Division (OSD)
Agency address:	1 Ashburton Place, Room 1608 / Boston, MA 02108
Office phone:	617-720-3123
Office e-mail:	Jennifer.lyons@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.	State Contract Managers and state procurement leaders from across the country will gather in-person to share their knowledge and experience as it relates to state central procurement
Describe your participation in the activity.	Two (2) Speaking engagement sessions on “AI for the modern cowboy: responsible AI use in government
Date, time and location of activity.	July 23rd and 24th Omni Hotel, Oklahoma City, Oklahoma
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	Speaking at the NASPO REACH conference on responsible AI use will advance the Commonwealth’s interests by positioning Massachusetts as a national leader in innovative, transparent, and ethical public procurement practices. It will also strengthen cross-state collaboration, promote adoption of governance frameworks that protect public trust, and support the Commonwealth’s efforts to modernize procurement and legal operations through responsible AI implementation

	TRAVEL EXPENSES
Identify the person or organization that offered to reimburse, waive or pay your travel expenses.	National Association of State Procurement Officers (" NASPO")
Address of person or organization.	201 E. Main St., Suite 1405 Lexington, KY 40507
Provide information in as much detail as possible:	***Itemization and explanation of amounts offered:***
Transportation:	*Air, train, bus, and taxi fare and rental car hire, etc.* Air and Rideshare: Airfare: $537 roundtrip Checked bag fee: $60 roundtrip Rideshare expense (roundtrip from home to Logan Airport): $70.00 Rideshare expense (roundtrip from Oklahoma airport to Hotel): $50.00 roundtrip **Air and Ground Transportation Total = $677**
Lodging:	*Overnight accommodations.* Lodging: $284 per night x 3 = $852 **Lodging Total = $852 + taxes and fees**
Meals:	*Breakfast, lunch, dinner, special events.* Meals provided at conference 23rd & 24th, Travel days 22nd & 25th = $60
Admission:	*Registration, admission, tickets, etc.* N/A
Other (please list):	*Refreshment, instruction, materials, entertainment, etc.* N/A
Total:	$1,629
Write an X beside any statement that applies.	___x_ **I have attached the relevant itinerary.** __x__ **I have attached the relevant agenda.**
Employee signature:	Jennifer C. Lyons Jennifer C. Lyons (Jul 9, 2026 09:05:01 EDT)
Date:	07/09/2026

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:	One Ashburton Place, Boston, MA 02108
Office phone:	617-720-3330
Employee who filed the disclosure:	Jennifer C.Lyons
	DETERMINATION
To give approval, check <u>both</u> statements.	Upon consideration of the facts disclosed by the employee above, I find that: ___ 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 ___ 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:	The travel serves a legitimate public purpose because the conference concerns the responsible use of artificial intelligence, an area directly related to the agency's current work and operational responsibilities. The agency has led early AI initiatives, and participation would allow it to share lessons learned, governance practices, legal and procurement considerations, and responsible-use safeguards with other public-sector organizations. The engagement would further the agency's mission by promoting accountable, transparent, and effective use of AI in government and by supporting peer learning among public agencies.
Appointing Authority signature:	Mark Fine (Jul 9, 2026 10:02:02 EDT)
Date:	07/09/2026

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.