THE COMMONWEALTH OF MASSACHUSETTS
TRAVEL AUTHORIZATION FORM (Form TAF)

Shaded areas must be completed if travel is subsidized by a private party, per 801 CMR 7.00

1. Date of Request:	2. Travel Request #:	3. Department/Division:	4. DEPT/ORGN:	5. Appropriation No.:
1/28/26	26-03	Operational Services Division	Legal	

6. Name of Traveler(s):	7. Title(s): Deputy General Counsel	8. Dates of Travel:
Jennifer C. Lyons		1/22/26-1/23/26

9. Travel Itinerary and Justification

. NY State Office of General Services (OGS) invited us for an in- person collaboration day. Due to an inadvertent oversight, this disclosure is being filed following the completion of the travel. The travel was conducted for a legitimate public purpose, and all applicable ethics and reimbursement requirements are being complied with.

There is no cost to the Commonwealth as the State of NY paid all expenses, an Ethics Disclosure is attached to this form.

Supporting documentation, ie. Agendas or brochures.

10. Estimated Expenses:	Private Funds	Personal Funds	MA State Funds	Other (NY State) Funds
Transportation: (check all that apply) ☐ Rail ☐XBus ☐Airfare ☐Car: ☐ State ☐Personal ☐Rental ☐Taxi ☐Other:				90.60
Lodging:				$152.60n+taxes and fees
Meals:				$30
Other: (please list):				
Sub Total(s)				$272.60
			Grand Total:	**$272.60**

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 (Jan 30, 2026 10:18:25 EST) Date: 1/30/26

I hereby certify that sufficient funds are available for the above-described travel accommodations.
Signature of Agency CFO: Laurie Paskevich — Laurie Paskevich (Jan 30, 2026 10:20:34 EST) Date: 1/30/26

I hereby certify that sufficient funds are available for the above-described travel accommodations.
Signature of Department Head or Designee: Mark Fine (Jan 30, 2026 16:37:36 EST) Title: Assistant Secretary for Operational Services Date: 1/30/26

Signature of Cabinet Secretary: Matthew J. Gorzkowicz **Date: 2/10/2026**

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

Travel Funded By Private Funds: ☐Yes ☐No If Yes: $_____NY State_Source (Contact Information):

NY State
Office of General Services
Procurement Services
38th Floor, Corning Tower, Empire State Plaza, Albany, NY 12242

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)**

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 __ 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.	NY State Office of General Services (OGS) invited us for an in person collaboration day. Due to an inadvertent oversight, this disclosure is being filed following the completion of the travel. The travel was conducted for a legitimate public purpose, and all applicable ethics and reimbursement requirements are being complied with.
Describe your participation in the activity.	Present and collaborate on modernizing state procurement with AI tools
Date, time and location of activity.	*Date and Time:* Friday, January 23, 2026, 9am – 3pm *Location: Albany, NY*
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	Collaborating with our sister agencies to share practical AI knowledge allows Massachusetts to reinforce its leadership role while accelerating responsible adoption across jurisdictions. By leading by example, we gain early insight into how our models and governance frameworks perform at scale, strengthening our own systems through shared learning and feedback. This collaboration also builds national alignment, reduces duplication of effort, and positions Massachusetts as a trusted standard-setter in modern, technology-enabled public procurement.

	TRAVEL EXPENSES
Identify the person or organization that offered to reimburse, waive or pay your travel expenses.	New York State Office of General Services
Address of person or organization.	38th Floor, Corning Tower, Empire State Plaza, Albany, NY 12242
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.* **Ground Transportation Total = $90.60**
Lodging:	*Overnight accommodations. Hilton Albany, 40 Lodge St, Albany, NY 12207* Lodging: $152 per night x 1 = $152 **Lodging Total = $152 + taxes and fees**
Meals:	*Breakfast, lunch, dinner, special events.* *Please note: meals not associated with the conference will be reimbursed at the per diem rate not to exceed $30.00 per day (rates: $6 breakfast, $8 lunch, and $16 dinner) **Meal Total = $30**
Admission:	*Registration, admission, tickets, etc* N/A
Other (please list):	*Refreshment, instruction, materials, entertainment, etc.*
Total:	**Grand Total: $272.60**
Write an X beside any statement that applies.	**__ I have attached the relevant itinerary.** **___ I have attached the relevant agenda.**
Employee signature:	Jennifer C. Lyons Jennifer C. Lyons Jennifer C. Lyons (Jan 30, 2026 10:18:25 EST)
Date:	1/28/2026 01/30/2026

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:	617-720-3300
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: _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:	Jennifer's collaboration with NY OGS will solidify MA as a leader in tech forward procurement and strengthen national alignment with a neighboring state.
Appointing Authority signature:	Mark Fine (Jan 30, 2026 16:37:36 EST)
Date:	01/30/2026

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.

TRAVEL AUTHORIZATION FORM (Form TAF) - INSTRUCTIONS

Travelers should receive fare and rate estimates from the statewide contract travel agents. (See *OSD Update 97-1, Statewide Contract for Travel Services,* for contractor information) If travel is being subsidized, or partially subsidized by a private party, shaded areas must be completed to comply with 801 CMR 7.00. Travel itinerary and other details need only be completed to the extent that each Department's internal control policies are satisfied.

1. Date of Request: Date the form is executed by traveler.
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 travelers if itineraries are the same, **EXCEPT in the case of privately subsidized travel, where an individual form for each traveler is required.**
7. Title(s): Position/Title of each traveler.
8. Dates of Travel: List the 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. To comply with 801 CMR 7.00, privately subsidized travel must be for an express benefit for the employee in an official capacity and for the Commonwealth. State what those benefits are. Supporting documentation may be attached.
10. Estimated Expenses:
    Private Funds: Indicate the total funding for this trip on behalf of the state traveler from a private source pursuant to 801 CMR 7.00.
    State/Fed 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.
    Personal Funds: Indicate the amount of personal funds that are to be used (required by 801 CMR 7.00).
        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.
        Lodging: Include the total hotel room and tax expenditure. Use more than one line if more than one hotel property is used.
        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.
        Other: State type and expense of any anticipated expenses not otherwise named, such as telephone calls.
        Sub Total: Total the dollar expenditure expected for each line.
        Grand Total: List the grand total for the trip. (The sum of the sub totals for Private Fund, State/Fed Fund, Personal Fund and Other Fund.)
11. Persons Accompanying Employee: If other parties, including other state employees, are accompanying the traveler, state their name(s),Titles, and Relationship (whether a personal or business relationship).
    Non-Business Component of Travel: Explain if personal travel will extend or is included in this trip, also if spouse, family, or others will participate, state briefly the nature of the travel. If not applicable, check "Not Applicable."
12. Privately Subsidized Travel Information: If this trip is being subsidized or partially subsidized by a private party, describe in the categories provided, the necessary information of the private party subsidizing the travel for official purposes, and explain what their connection is with the Commonwealth. If travel is not being privately subsidized, check "Not Applicable."
13. Certifications and Authorizations: This section has up to three signature requirements.
    a) When Travel is privately subsidized, the Traveler must the sign the certification.
    b) The Department Head or delegate should check the box indicating that he or she is authorized by the Cabinet Secretary to grant final approval for out-of-state travel, then Approve, Disapprove, or Approve with Modifications the travel request on this form. The Department Head may make changes to the document, or refer to the modifications to be made in the space provided as necessary.
    c) The respective Cabinet Secretary must sign this form when privately subsidized travel is authorized. The Cabinet Secretary must also sign this form if general travel authorization is not Delegated to the respective Department Head (see above).