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.:
4/21/2026	TAF 26-11	Operational Services Division – Category Management Unit	OSD/1000	1775-0115

6. Name of Traveler: Sonia Castro	7. Title: Category Manager	8. Dates of Travel: July 21-25, 2026

9. Travel Itinerary and Justification

To attend the National Association of State Procurement Officials (NASPO) REACH Conference in Oklahoma City, OK July 22, 2024 - July 24, 2024. NASPO Reach leverages the collective experience of state procurement staff. By sharing best practices and innovative approaches to state procurement, REACH provides education for front-line staff to learn from and replicate back in their states. Members will have the opportunity to engage with other members, creating connections and building networks to support their professional careers. NASPO will provide seven complimentary registrations for each state, including full coverage of travel expenses per the NASPO Travel Policy.

As a Category Manager, the purpose of attending this event is to share best practices and explore innovative approaches to state procurement.

Conference Objectives:

- Provide an educational program addressing topic areas, professional challenges, and issues relevant to state central procurement staff.
- Provide a nationwide platform for engagement among member states for networking, connection, and peer-to-peer best practice sharing.
- Equip state procurement staff with practical solutions, innovative approaches, and best practices for state procurement.

Supporting documentation, i.e. Agendas or brochures. Attached.

10. Expenses	Personal Funds	MA State Funds	Federal/ Other State Funds
Transportation: (check all that apply) ☐ Rail ☐Bus ☐Airfare ☐Car: ☐ State☐Personal ☐Rental ☐Taxi ☐Other:	N/A	N/A	N/A
Lodging: Sheraton Downtown Denver Address: 1550 Court Pl, Denver, CO 80202; Phone: (303) 893-3333	N/A	N/A	N/A
Meals: Per diem rate for all meals not included in conference	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: Please 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.
Signature of Traveler: Sonia Castro
Date: 04/21/2026

I hereby certify that sufficient funds are available for the above-described travel accommodations.
NOSTATE FUNDS ARE NEEDED FOR THIS CONFERENCE
Signature of Agency CFO: Laurie Paskevich
Laurie Paskevich (Apr 21, 2026 16:04:12 EDT)
Date:

I hereby authorize the anticipated travel described above and related expenses listed in this form.
Signature of Traveler's Appointing Authority: Title: Assistant Secretary for Operational Services Date:

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: 5/29/2026

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

Travel Funded By Private Funds: ☒ Yes ☐No
If Yes: $3,456.00 put in total from Ethics form Source (NASPO, 110 West Vine Street, Suite 600 Lexington, Kentucky 40507 (859) 514-9159

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:	Sonia Castro
Title/ Position	Category Manager
Agency/ Department	Operational Services Division – Category Management Unit
Agency address:	One Ashburton Place, Room 1608, Boston, MA 02108
Office phone:	(617) 359-7272
Office e-mail:	Sonia.castro@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 National Association of State Procurement Officials (NASPO) REACH Conference in Oklahoma City, OK July 22, 2024 - July 24, 2024. NASPO Reach leverages the collective experience of state procurement staff. By sharing best practices and innovative approaches to state procurement, REACH provides education for front-line staff to learn from and replicate back in their states. Members will have the opportunity to engage with other members, creating connections and building networks to support their professional careers. NASPO will provide seven complimentary registrations for each state, including full coverage of travel expenses per the NASPO Travel Policy.
Describe your participation in the activity.	Conference Attendee
Date, time and location of activity.	July 21, 2026 - July 25, 2025, Omni Oklahoma City, Oklahoma City, OK
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	In the role of Category Manager, the purpose of attending this event is to share best practices and explore innovative approaches to state procurement.
	TRAVEL EXPENSES
Identify the person or organization that offered to reimburse, waive or pay your travel expenses.	National Association of State Procurement Officials (NASPO)
Address of person or organization.	110 West Vine Street, Suite 600 Lexington, Kentucky 40507 (859) 514-9159
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.* Please list all that apply: Flight: $700 Round trip Estimate Estimated Milage or Uber/Taxi to RT home to airport or $100 Uber/Taxi/Shuttle to RT airport to hotel: $80 Baggage fees $100 = Total transportation costs: $980 enter sum of above
Lodging:	*Overnight accommodations* Omni Oklahoma City, Oklahoma City, OK 4 nights at $310 per night = Total Lodging costs $1240.00
Meals:	*Breakfast, lunch, dinner, special events.* Most meals covered as part of the conference – per diem rate (Managers: B $13 L $16 D $26 – not to exceed $59/day) (non-Managers union rate B $7.5 L $13 D $19 - $49/day for any meals not included in the conference. 4 days not to exceed = Total Meals costs $236
Admission:	*Registration, admission, tickets, etc.* Admission is estimated at $1,000.00
Other (please list):	*Refreshment, instruction, materials, entertainment, etc.* Group activities are identified in the attached agency
Total:	$3,456 This is the total of all expenses above and should also be inserted in Section 12 of the TAF
Write an X beside any statement that applies.	_x___ **I have attached the relevant itinerary.** _x___ **I have attached the relevant agenda.**
Employee signature:	*Sonia Castro*
Date:	04/21/2026

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 S. Fine
Agency and Title/Position:	Operational Services Division Assistant Secretary for Operational Services
Agency address:	One Ashburton Place, Room 1017, Boston MA
Office phone:	(617) 455-9416 (Cell)
Employee who filed the disclosure:	Sonia Castro
	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:	Each year, the National Association of State Procurement Officials (NASPO) covers all expenses for up to seven attendees from each state to attend the REACH Conference. OSD has had a long-term relationship with NASPO and is an active participant in their events. The REACH conference allows OSD employees to learn about best practices and trends in state public procurement. The event provides both professional development and networking opportunities for our Category Management participants alongside their public procurement peers from other states. These opportunities are unique to the NASPO Reach event.
Appointing Authority signature:	Mark Fine (Apr 22, 2026 13:37:51 EDT)
Date:	04/22/2026

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

July 22, 2026
Welcome and Learning Groups Kickoff
5:30 PM-6:30 PM
6:30 PM CT
Welcome Reception
6:30 PM-9:00 PM

July 23, 2026
7:00 AM CT
Regional Coffee Walk & Talk
7:00 AM-8:00 AM
Registration
7:00 AM-5:00 PM
7:30 AM CT
Breakfast
7:30 AM-8:30 AM
8:00 AM CT
Headshot Lounge
8:00 AM-2:30 PM
8:30 AM CT
Welcome Back and Keynote Address
8:30 AM-9:45 AM
9:45 AM CT
Transition to Breakouts
9:45 AM-10:00 AM
10:00 AM CT
Breakout 1A
10:00 AM-11:00 AM
Breakout 1B
10:00 AM-11:00 AM
Breakout 1C
10:00 AM-11:00 AM
Breakout 1D
10:00 AM-11:00 AM
Breakout 1E
10:00 AM-11:00 AM
Learning Hub
10:00 AM-11:00 AM
11:00 AM CT
Refreshment Break
11:00 AM-11:30 AM
11:30 AM CT
Breakout 2A
11:30 AM-12:30 PM
Breakout 2B
11:30 AM-12:30 PM
Breakout 2C
11:30 AM-12:30 PM
Breakout 2D
11:30 AM-12:30 PM
Breakout 2E
11:30 AM-12:30 PM
Learning Hub
11:30 AM-12:30 PM
12:30 PM CT
Regional Networking Lunch
12:30 PM-1:30 PM
1:30 PM CT
Learning Groups
1:30 PM-2:00 PM
2:00 PM CT
Movement Break
2:00 PM-2:30 PM
2:30 PM CT
Eastern Regional Round Tables
2:30 PM-3:45 PM
Midwestern Regional Round Tables
2:30 PM-3:45 PM
Southern Regional Round Tables
2:30 PM-3:45 PM
Western Regional Round Tables
2:30 PM-3:45 PM
3:45 PM CT
Transition Break
3:45 PM-4:00 PM
4:00 PM CT
NASPO CARES Reception
4:00 PM-5:30 PM
6:00 PM CT
NASPO Night Out
6:00 PM-9:00 PM

July 24, 2026
7:00 AM CT
Registration
7:00 AM-3:30 PM
7:30 AM CT
Breakfast
7:30 AM-8:30 AM
8:45 AM CT
Procurement Palooza Stg 1
8:45 AM-9:15 AM
Procurement Palooza Stg 2
8:45 AM-9:15 AM
Procurement Palooza Stg 3
8:45 AM-9:15 AM
Procurement Palooza Stg 4
8:45 AM-9:15 AM
Procurement Palooza Stg 5
8:45 AM-9:15 AM
9:15 AM CT
Break
9:15 AM-9:30 AM
9:30 AM CT
Procurement Palooza Stg 1
9:30 AM-10:00 AM
Procurement Palooza Stg 2
9:30 AM-10:00 AM
Procurement Palooza Stg 3
9:30 AM-10:00 AM
Procurement Palooza Stg 4
9:30 AM-10:00 AM
Procurement Palooza Stg 5
9:30 AM-10:00 AM
10:00 AM CT
Transition to General Session
10:00 AM-10:15 AM
10:15 AM CT
General Session
10:15 AM-11:15 AM
11:30 AM CT
Breakouts 3A
11:30 AM-12:30 PM
Breakouts 3B
11:30 AM-12:30 PM
Breakouts 3C
11:30 AM-12:30 PM
Breakouts 3D
11:30 AM-12:30 PM
Learning Hub
11:30 AM-12:30 PM
12:30 PM CT
Networking Lunch
12:30 PM-1:30 PM
1:30 PM CT
Breakouts 4A
1:30 PM-2:30 PM
Breakouts 4B
1:30 PM-2:30 PM
Breakouts 4C
1:30 PM-2:30 PM
Breakouts 4D
1:30 PM-2:30 PM
Learning Hub
1:30 PM-2:30 PM
2:30 PM CT
Transition Break
2:30 PM-2:45 PM
2:45 PM CT
Learning Groups and Closing
2:45 PM-3:30 PM