

**APPENDIX B - GIFTS AND HOSPITALITY DISCLOSURE FORM**

**(Paragraph 3.1)**

**Gifts and Hospitality ("G&H") Disclosure Form**

|                         |  |   |   |
|-------------------------|--|---|---|
| <b>TYPE OF G&amp;H:</b> | <input type="checkbox"/> EXPENDITURE ON GOV'T OFFICIAL | <input type="checkbox"/> EXPENDITURE ON NON-GOV'T OFFICIAL OR THIRD PARTY | <input type="checkbox"/> RECEIPT OF THING OF VALUE FROM THIRD PARTY |
|-------------------------|--|---|---|

| YOUR INFORMATION           |  |
|----------------------------|--|
| <b>EMPLOYEE NAME</b>       |  |
| <b>POSITION</b>            |  |
| <b>PHONE NUMBER/E-MAIL</b> |  |
| <b>DEPARTMENT/COMPANY</b>  |  |

| EXCHANGE DETAILS*  |                                  |  |                                  |                                 |                                |
|--|----------------------------------|--|----------------------------------|---------------------------------|--------------------------------|
| <b>THING OF VALUE:</b>   | <input type="checkbox"/> MEAL(S) | <input type="checkbox"/> ENTERTAINMENT | <input type="checkbox"/> GIFT(S) | <input type="checkbox"/> TRAVEL | <input type="checkbox"/> OTHER |
| <b>DESCRIPTION OF G&amp;H</b><br>(include sufficient details on item, venue, location and dates)   |                                  |  |                                  |                                 |                                |
| <b>ANTICIPATED VALUE OR EXPENSE</b><br>(include value of item, cost per person and/or payment method)  |                                  |  |                                  |                                 |                                |
| <b>BUSINESS JUSTIFICATION</b>  |                                  |  |                                  |                                 |                                |
| <b>YOUR ROLE IN EXCHANGE</b><br>(employee sponsor or recipient)  |                                  |  |                                  |                                 |                                |
| <b>OTHERS INVOLVED IN EXCHANGE</b><br>(offerors, recipients, participants, etc.)<br><i>Note: expenses may only be incurred for persons with legitimate business reason to attend</i> | <b>NAME/TITLE</b>                | <b>COMPANY/<br/>ORGANIZATION</b>       | <b>Gov't<br/>OFFICIAL?</b>       |                                 |                                |
|  |                                  |  |                                  |                                 |                                |
|  |                                  |  |                                  |                                 |                                |
| <b>RELATIONSHIP CONSIDERATIONS</b><br>(describe any pending business (e.g., agent, customer) or existing contract obligations (e.g., required site visit))                           |                                  |  |                                  |                                 |                                |

| APPROVAL & CERTIFICATION           |   |   |   |  |
|------------------------------------|---|---|---|--|
| <b>CERTIFICATION</b>               | TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION PROVIDED IN THIS FORM IS TRUE, ACCURATE AND COMPLETE<br>YES <input type="checkbox"/> No <input type="checkbox"/><br><br><b>SIGNATURE:</b><br><b>DATE:</b> |   |   |  |
| <b>APPROVAL (WHERE APPLICABLE)</b> | <b>HOD</b><br><br><b>SIGNATURE:</b><br><b>DATE:</b>   | <b>CEO/COO</b><br><br><b>SIGNATURE:</b><br><b>DATE:</b> | <b>MGB BOARD</b><br><br><b>SIGNATURE:</b><br><b>DATE:</b> |  |