| Memor                          | andum for USUI                                                                                                                                                                                                                                                               | HS Ethics Official/Office of                                                                  | General Counsel                                                      |                                                                                                                                                                                                  |
|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| From:                          |                                                                                                                                                                                                                                                                              |                                                                                               |                                                                      | Date                                                                                                                                                                                             |
| Subj:                          | Request for Approval of Acceptance of Travel and Related Expenses from Non-Federal Sour TDY Travel                                                                                                                                                                           |                                                                                               |                                                                      |                                                                                                                                                                                                  |
| 1.                             | The following information in provided in support of this request.                                                                                                                                                                                                            |                                                                                               |                                                                      |                                                                                                                                                                                                  |
| a.                             | Traveler's Nar                                                                                                                                                                                                                                                               | me:                                                                                           |                                                                      | Phone:                                                                                                                                                                                           |
| b.<br>c.                       |                                                                                                                                                                                                                                                                              |                                                                                               |                                                                      |                                                                                                                                                                                                  |
| C.                             | Dates and I fac                                                                                                                                                                                                                                                              |                                                                                               |                                                                      |                                                                                                                                                                                                  |
| d.                             | Purpose of the TDY (nature of the meeting or similar function):                                                                                                                                                                                                              |                                                                                               |                                                                      |                                                                                                                                                                                                  |
| e.                             | Entity Providing                                                                                                                                                                                                                                                             | ng Non-Federal Funds:                                                                         |                                                                      |                                                                                                                                                                                                  |
| f.                             | Funding provided by non-Federal source by (check one):  (1) Entire Payment by check (funds payable to USUHS)  (2) Payment in Kind (goods or services provided instead of funds to USUHS by check - e.g., airline tickets  (3) Mixed (Part payment in kind and part by check) |                                                                                               |                                                                      |                                                                                                                                                                                                  |
| Type o                         | f Funding provi                                                                                                                                                                                                                                                              | ided and \$ Value (Comple                                                                     | te appropriate blocks):                                              |                                                                                                                                                                                                  |
|                                | <u>Type</u>                                                                                                                                                                                                                                                                  | Reimbursement                                                                                 | Value In-kind                                                        | Dept Funds                                                                                                                                                                                       |
|                                | Lodging:<br>Meals:                                                                                                                                                                                                                                                           |                                                                                               |                                                                      |                                                                                                                                                                                                  |
|                                | Tickets:<br>Registration:                                                                                                                                                                                                                                                    |                                                                                               |                                                                      |                                                                                                                                                                                                  |
|                                | Taxis, etc.:                                                                                                                                                                                                                                                                 |                                                                                               |                                                                      |                                                                                                                                                                                                  |
| g.                             | Is your spouse                                                                                                                                                                                                                                                               | e being sponsored by the n                                                                    | on-Federal source?                                                   | _                                                                                                                                                                                                |
| 2.                             | I understand that:                                                                                                                                                                                                                                                           |                                                                                               |                                                                      |                                                                                                                                                                                                  |
| authori<br>sufficie<br>those e | zed expenses, the<br>ent funds, I will be                                                                                                                                                                                                                                    | e difference will be charged<br>e fully reimbursed for travel<br>he allowable rate under Volu | to my department's organization expenses (provided they are sir      | on-Federal funds are insufficient to cover my<br>n; and (c) if the non-Federal source provides<br>nilar to expenses for other attendees) even if<br>el Regulations (the type of expenses must be |
| 3. with kr                     |                                                                                                                                                                                                                                                                              |                                                                                               | nese funds does not present a continuous the integrity of USUHS prog | conflict of interest, i.e., a reasonable person<br>grams or operations.                                                                                                                          |
| Name a                         | and Signature of                                                                                                                                                                                                                                                             | Requestor Name and                                                                            | d Signature of Dept Chair/ Dea                                       | Date                                                                                                                                                                                             |
|                                | _ Funded orders                                                                                                                                                                                                                                                              | s are required for any payn                                                                   | nents not reimbursed in kind.                                        |                                                                                                                                                                                                  |
|                                | _ Funded orders                                                                                                                                                                                                                                                              | s are required as the organi                                                                  | zation will reimburse the Uni                                        | versity for travel.                                                                                                                                                                              |
| Signatu                        | re of Ethics Offi                                                                                                                                                                                                                                                            | <br>cial                                                                                      | Date                                                                 |                                                                                                                                                                                                  |