

ACCEPTANCE OF PAYMENT FROM A NON-FEDERAL SOURCE FOR TRAVEL EXPENSES

(INFORMATION SUBMITTED IN COMPLIANCE WITH 41 CFR PART 304-1)

- FOR PERIOD BEGINNING OCTOBER 1, _____ AND ENDING MARCH 31, _____
- FOR PERIOD BEGINNING APRIL 1, _____ AND ENDING SEPTEMBER 30, _____

INSTRUCTIONS: For travel payments waived or paid by non-Federal sources in the case of conference, training, or similar fees, report the amount charged to other participants. In the case of transportation or lodging, report the cost to the non-Federal source, or indicate the rate that would have been charged a similar non-Federal source for a similar benefit at the time the benefit was provided. In the case of meals or other benefits that are not provided incident to transportation, lodging, or a conference, training, or similar fee, report the cost to the non-Federal source or provide a reasonable approximation of the market value of the benefit. In the case of transportation on a chartered, corporate, or other private (i.e., non-commercial) aircraft, report the first-class rate that would have been charged by an air common carrier at the time the transportation was provided or, if common carrier transportation was unavailable between the two locations, report the cost of chartering a similar aircraft using a commercially available service. In the case of lodging for which no commercial rate is available, report the maximum lodging rate prescribed by applicable Government regulations.

1. U.S. DEPARTMENT OF COMMERCE, BUREAU:

2. EVENT: *(identify event for which payment was accepted)*

3. SPONSOR(S) OF EVENT:

4. LOCATION OF EVENT:

5. DATES OF EVENT:

From:

To:

6. NATURE AND BRIEF DESCRIPTION OF EVENT:

7. EMPLOYEE:

Name:

Government Position:

Travel Dates From:

To:

8. ACCOMPANYING SPOUSE: *(if applicable)*

Name:

Travel Dates From:

To:

9. NON-FEDERAL SOURCE(S) OF PAYMENT: *(regardless of whether the source of payment is the event sponsor)*

10. NATURE OF PAYMENTS: *(itemize the required information for each benefit accepted; attach additional sheet if necessary)*

(a) Nature of Benefit: *(e.g., round-trip commercial air transportation between Washington, DC and Chicago; lodging)*

(b) Method of Payment: *(e.g., air transportation in kind; lodging—check; meals—check)*

(c) Individual(s) for Whom Provided: *(e.g., air transportation—employee; lodging—employee and spouse)*

(d) Non-Federal Source(s): *(regardless of whether the source of payment is the event sponsor)*

(e) Amount of Payment: *(e.g., air transportation—\$480; lodging—\$160; meals—\$60)*

11. TOTAL AMOUNT OF PAYMENTS: *(for this employee and/or accompanying spouse in connection with this event)*

Total of Payments to Agency by Check: \$ _____

Total of Payments Provided in Kind: \$ _____