

**REQUEST FOR APPROVAL TO ACCEPT PAYMENT OF TRAVEL EXPENSES
FROM A NON-FEDERAL SOURCE _____**

(Date)

Use this form to request, approve, and report acceptance of payments as provided in DHHS Travel Manual Chapter 1-70. Submit this request to the recommending official as soon as possible, but NO LATER THAN 15 DAYS BEFORE scheduled departure.

1. Name and Title of Traveler _____	2. Name and Address of Sponsoring Organization (including telephone number and fax number): _____
3. Traveler's Organization: _____	

4. Purpose of Trip: _____

5. Payment to be made for: _____ Travel _____ Subsistence

Authority for Travel: _____ 31 USC 1353 _____ 42 USC 3506 _____ 5 USC 7342
(See DHHS Travel Manual Chapter 1-70)

Method of Payment:

A. _____ Direct Reimbursement to Appropriation \$ _____ _____ Appropriation No. _____	<u>Indicate Value of Payment:</u>
B. _____ In Kind \$ _____	Travel \$ _____
	Lodgings \$ _____
C. _____ In Cash for retention by traveler \$ _____ <i>(Note: Cash may only be accepted under 42 USC 3506 Authority)</i>	Meals \$ _____
	Other \$ _____

6. Payment to be used for Travel: _____ Round-Trip _____ One-Way *(See itinerary below)*

Starting Date	Ending Date	From	To

7. Is the Department paying part of the Travel Cost? *(If any, specify amount)* _____

8. Recommendation *(See reverse side of this form)* _____

9. Authorization:

Authorizing Official Name _____ Title _____ Date _____

10. Traveler's Certification *(Complete after trip)*

I certify that while on official travel the above amounts are correct and I did not receive: (1) any honoraria, or (2) any cash for my retention from the sponsoring organization. I further understand that any accommodations, meals or incidental expenses accepted that are not normally reimbursed by Government Travel Regulations, and not fully reimbursed by the sponsoring organization will be borne out of my personal funds.

Traveler's Signature _____ **Date** _____

**BACKGROUND INFORMATION ON REQUEST FOR APPROVAL
TO ACCEPT PAYMENT OF TRAVEL EXPENSES FROM A NON-FEDERAL SOURCE**

Traveler: _____

1. Is the sponsoring organization using Federal funds to defray the costs of this trip? *(If yes, reimbursement may NOT be accepted.)*

Yes _____

No _____

2. Is the Letter of Invitation attached? The Letter of Invitation must outline, in detail, the types of expenses offered and the amount of the expenses. *(Requests without a Letter of Invitation will **NOT** be considered for approval.)*

Yes _____

3. Is the traveler an officer, director, trustee, partner or an employee of the sponsoring organization? *(Please attach a copy of an approved HHS-520, Request for Approval of Outside Activity.)*

Yes _____

No _____

4. Are there any circumstances under which the acceptance of expenses in this instance would create a conflict or the appearance of a conflict of interest?

Yes _____

No _____

5. Is the sponsoring organization offering to pay amounts which are in excess of those ordinarily allowed by applicable Federal Travel Regulations? *(For example - amounts in excess of the maximum Per Diem rate and/or the mode of transportation is above coach.)*

Yes _____

No _____

6. Is this request for acceptance of payment for an accompanying spouse of a DHHS employee? *(If yes, employee's Travel Order must be included.)*

Yes _____

No _____

NOTE: If the answer to Questions 3, 4, 5 or 6 above is "Yes," a separate letter must be attached to this request providing justification and reasons why this trip should be authorized.

7. How does this trip meet the Department's priorities and goals?

8. Why can't this trip be paid for with DHHS funds?

I hereby certify that the acceptance of this request is in accordance with the policies in Chapter 1-70 of the DHHS Travel Manual. To the best of my knowledge, I also certify that Federal Grant or Contract funds are not being used to defray, in whole or in part, the expenses of this request. Therefore, I recommend approval of this request as being in the best interest of the Government.

Recommending Official

Title

Date

Recommending Official

Title

Date