

**APPROVAL AND REPORT OF TRAVEL FUNDS RECEIVED FROM NON-FEDERAL SOURCES**

This form must be completed in its entirety or it will be returned. 31 U.S.C. 1353, subsequently printed in Chapter 304, Part 1, of the Federal Travel Regulations, governs the acceptance of payment for travel, subsistence, and related expenses from a non-Federal source in connection with the attendance of an employee and/or accompanying spouse at certain meetings or similar functions. Agencies are also required to submit semiannual reports of payments which total more than \$250 per event, and which have been accepted under this authority. The report is based on when payment is received rather than when travel is performed. All offices must submit their Approval and Report of Travel Funds Received From Non-Federal Sources for each event that totaled more than \$250 to their respective Mission Area Ethics Advisors. For the period October 1 through March 31, submit reports by April 30; and for the period April 1 through September 30, submit reports by October 31. To each Report of Funds Received From Non-Federal Sources, attach a copy of the Letter of Offer, the Letter of Acceptance, and the travel authorization. Mission Area Ethics advisors shall retain this form in their records' systems and forward a record of payments exceeding \$250 on Standard Form 326, Semi-annual Report of Payments Accepted From a Non-Federal Source, to the Office of Ethics by May 15 and November 15, respectively.

<p><b><u>Employee</u></b></p> <p>1. Name: _____                              First      MI      Last</p> <p>2. Position Title: _____</p> <p>3. Duty Station: _____</p> <p>4. Telephone No. (_____) _____ - _____</p> <p>5. Beginning Date of Travel: _____</p> <p>6. Ending Date of Travel: _____</p>	<p><b><u>Spouse of Employee (if applicable)</u></b></p> <p>1. Name: _____                              First      MI      Last</p> <p>2. Reason for Spouse's Travel: _____</p> <p>_____</p> <p>3. Beginning Date of Travel: _____</p> <p>4. Ending Date of Travel: _____</p>
<p><b><u>Event Information</u></b></p> <p>1. Kind of Event (Check One):              _____ Meeting      _____ Speaking Engagement              _____ Conference              _____ Seminar</p> <p>2. Location of Event: _____            City              _____ State                              _____ Country</p> <p>3. Title of Event: _____</p> <p>4. Name of Event Sponsor: _____              _____</p>	<p><b><u>Assistance Information</u></b></p> <p>1. What Expenses Are Being Paid by the Non-Federal Source (Check All That Apply)?              _____ Common Carrier              _____ Lodging              _____ Meals              _____ Other Expenses (Itemize Below): _____</p> <p>2. Value (in U.S. Dollars of Assistance Received from Non-Federal Source):              In-Kind: \$ _____              Paid to Agency: \$ _____</p> <p>3. Non-Federal Source Assisting with Travel (Include Address): _____              _____</p>

I certify that the information provided on this form and all attached documents are true, complete, correct, and comply with the guidelines of 41 CFR Part 304-1, Federal Travel Regulations, Acceptance of Payment From a Non-Federal Source, for travel expenses, to the best of my knowledge.

**Traveler's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I certify that I approved acceptance of the above travel, subsistence and related expenses from the non-Federal source in advance of the proposed travel being accomplished by the employee and after having reviewed the conflict of interest analysis on the reverse of this sheet. I also certify that the employee traveled under an approved travel authorization.

**Approving Official's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

NOTE: The Ethics Advisor includes, on the reverse side of this form, his or her required conflict of interest analysis prior to Approving Official's final determination.

**CONFLICT OF INTEREST ANALYSIS UNDER 41 C.F.R. § 304-1.5**

ACCEPTANCE OF PAYMENT FROM A NON-FEDERAL SOURCE FOR TRAVEL EXPENSES requires **in all cases** that a conflict of interest analysis be performed by an authorized agency official. The "authorized official" is an ethics advisor or a Deputy Ethics Official. To ease administration of the requirement for a conflict of interest analysis, this outline tracks the elements of the regulation. The analysis should be accomplished on this page. *Additional sheets may be attached if needed.*

<b>IMPORTANT: Payment from a non-Federal source shall not be accepted if the authorized agency official determines that acceptance under the circumstances would cause a reasonable person with knowledge of all the facts relevant to a particular case to question the integrity of agency programs or operations.</b>
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**In making this determination**, an authorized agency official shall be guided by all relevant considerations, including, but not limited to:

- (1) The identity of the non-Federal source (*see reverse for identifying information*);
- (2) The purpose of the meeting or similar function;
- (3) The identity of other expected participants;
- (4) The nature and sensitivity of any matter pending at the agency affecting the interests of the non-Federal source;
- (5) The significance of the employee's role in any such matter specified in (4) above; and
- (6) The monetary value and character of the travel benefits offered by the non-Federal source.

**Analysis: Would acceptance of the travel cause a reasonable person, with knowledge of all the facts relevant to a particular case, to question the integrity of agency programs or operations?**

Yes \_\_\_\_\_ No \_\_\_\_\_

Explain your response to the above question: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: The authorized agency official may find that, while acceptance from the non-Federal source is permissible, it is in the interest of the agency to qualify acceptance of the offered payment by, for example, authorizing attendance at only a portion of the event or limiting the type or character of benefits that may be accepted.**

The qualifications on acceptance, if any, are: \_\_\_\_\_  
\_\_\_\_\_

Recommendation of Ethics Advisor:                      Accept \_\_\_\_\_                      Do Not Accept \_\_\_\_\_

Signature: \_\_\_\_\_                      Date: \_\_\_\_\_