

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 request to recommending official as soon as possible, but not later than 15 days before scheduled departure.

1. NAME AND TITLE OF TRAVELER	2. NAME AND ADDRESS OF SPONSORING ORGANIZATION
3. TRAVELER'S ORGANIZATION	

4. PURPOSE OF TRIP

<p>5. PAYMENT TO BE MADE FOR</p> <p style="text-align: center;">TRAVEL SUBSISTENCE</p> <p>AUTHORITY FOR TRAVEL (<i>See DHHS Travel Manual Chapter 1-70</i>):</p> <p style="text-align: center;">31 USC 1353 42 USC 3506 5 USC 7342</p> <p>METHOD OF PAYMENT:</p> <p>A. DIRECT REIMBURSEMENT TO APPROPRIATION \$ _____</p> <p style="padding-left: 20px;">APPROPRIATION No. _____</p> <p>B. IN KIND. \$ _____</p> <p>** C. IN CASH for retention by traveler. \$ _____</p> <p><small>**NOTE: CASH MAY ONLY BE ACCEPTED UNDER 42 U.S.C. 3506 AUTHORITY</small></p>	<p>INDICATE VALUE OF PAYMENT:</p> <p>TRAVEL \$ _____</p> <p>LODGINGS \$ _____</p> <p>MEALS \$ _____</p> <p>OTHER \$ _____</p>
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6. PAYMENT TO BE USED FOR TRAVEL

ROUND	ONE WAY (<i>see itinerary below</i>)	
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STARTING DATE	ENDING DATE	FROM	TO

7. IS THE DEPARTMENT PAYING PART OF THE COST? (*If any, specify which part and amount*)

8. RECOMMENDATION -- See reverse side of form.

9. AUTHORIZATION

Authorizing Official _____ 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 have to 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?

YES NO (If yes, reimbursement may **NOT** be accepted.)

2. Is letter of invitation attached? YES

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.

3. Is the traveler an officer, director, trustee, partner or an employee of the sponsoring organization?

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 sponsor offering to pay amounts which are in excess of those ordinarily allowed by applicable Federal Travel Regulations? For example, are amounts in excess of the maximum Per Diem rates and/or is the mode of transportation above coach?

YES NO

6. Is this request for acceptance of payment for an accompanying spouse of a DHHS employee?

YES NO

(If yes, employee's travel order # _____)

NOTE: IF THE ANSWER TO QUESTION 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 CONTAINED 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