

# 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 HHS Travel Manual Section 7. Submit request to recommending official as soon as possible, but not later than 15 days before scheduled departure. Requests submitted less than 15 days before schedule departure may not be approved. After the fact authorization is not allowed in accordance with HHS Travel Manual Section 7.4.1.11

1. NAME AND TITLE OF TRAVELER	2. NAME AND ADDRESS OF SPONSORING ORGANIZATION
3. TRAVELER'S OPDIV/STAFFDIV	
4. PURPOSE OF TRIP	

5. PAYMENT TO BE MADE FOR <input type="checkbox"/> TRAVEL <input type="checkbox"/> SUBSISTENCE AUTHORITY FOR TRAVEL (See HHS Travel Manual Section 7): <input type="checkbox"/> 31 USC 1353 <input type="checkbox"/> 42 USC 3506 <input type="checkbox"/> 5 USC 7342 METHOD OF PAYMENT: A. <input type="checkbox"/> IN KIND ..... \$ ..... ** B. <input type="checkbox"/> IN CASH for retention by traveler ..... \$ ..... DIRECT REIMBURSEMENT TO APPROPRIATION \$ ..... C. <input type="checkbox"/> APPROPRIATION No. ....  <small>**NOTE: Direct cash reimbursement for travel expenses may only be accepted under 42 U.S.C. 3506 authority (provided the amount does not exceed authorized expenses for lodging and M&amp;IE actually incurred) and under 5 U.S.C. 7342 authority (provided the travel takes place entirely outside the United States). Reimbursable sponsored travel may only be allowed under exceptional circumstances with the approval of the traveler's Senior Travel Official or Deputy Senior Travel Official.</small>	INDICATE VALUE OF PAYMENT:  TRANSPORTATION \$ ..... LODGING \$ ..... MEALS \$ ..... OTHER \$ .....
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6. PAYMENT TO BE USED FOR TRAVEL <input type="checkbox"/> ROUND TRIP <input type="checkbox"/> ONE WAY			
STARTING DATE	ENDING DATE	FROM	TO

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

8. RECOMMENDATION from Deputy Ethics Counselor (DEC) or Ethics Office, or Recommending Official - See reverse side of form.

9. AUTHORIZATION
Authorizing Official _____ Title _____ Date _____

10. QUALIFICATIONS ON ACCEPTANCE OF PAYMENTS, IF ANY (for example, authorization of attendance at only a portion of the event or limitation on the type or character of benefits that may be accepted).

11. TRAVELER'S CERTIFICATION (Complete after trip as part of the Voucher)
I certify that the above amounts are correct and I did not receive (1) any cash for my retention from the sponsoring organization (unless permitted by 42 U.S.C. 3506 or 5 U.S.C. 7342); or (2) any honoraria.

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

## BACKGROUND INFORMATION (Ethics Checklist) ON REQUEST FOR APPROVAL TO ACCEPT PAYMENT OF TRAVEL EXPENSES FROM A NON FEDERAL SOURCE

TRAVELER:

1. Would acceptance of the payment under the circumstances cause a reasonable person with knowledge of all the facts to question the integrity of agency programs or operations? (See *Travel Manual Section 7.4.1.4, Conflict of Interest Analysis*.)

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

2. Is letter of invitation attached? ☐ YES ☐ NO

Letter of invitation must outline in detail the types of expenses offered and the amount of the expenses and whether they are in-kind or reimbursable to the appropriation.

Requests without a letter of invitation will not be considered for approval.

3. Is the sponsoring organization using Federal Funds to defray the costs of this trip? (If yes, explain the source of the Federal grant or contract.) HHS Travelers may not travel if the funds that will be used for travel are from HHS (See Section 7.4.1.9)).

☐ YES ☐ NO

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

☐ 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 HHS employee?

☐ YES ☐ NO

(If yes, employee's travel authorization/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 HHS funds?

I HEREBY CERTIFY THAT THE ACCEPTANCE OF THIS REQUEST, SUBJECT TO ANY LIMITATIONS STATED BELOW, IS IN ACCORDANCE WITH THE POLICIES CONTAINED IN SECTION 7 OF THE HHS TRAVEL MANUAL. THEREFORE, I RECOMMEND APPROVAL OF THIS REQUEST AS BEING IN THE BEST INTEREST OF THE GOVERNMENT.

\_\_\_\_\_  
Recommending Official/Deputy Ethics Officer/Ethics Office

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

QUALIFICATIONS ON ACCEPTANCE OF PAYMENTS, IF ANY (for example, authorization of attendance at only a portion of the event or limitation on the type or character of benefits that may be accepted).