GIFTS OF TRAVEL FROM NON-FEDERAL SOURCES
(31 U.S.C. § 1353)
NAVAL POSTGRADUATE SCHOOL

ALL INFORMATION MUST BE TYPED OR PRINTED** (EXCEPT SIGNATURE) **NO ABBREVIATIONS PLEASE

1. Acceptance Official: **PRESIDENT, NAVAL POSTGRADUATE SCHOOL**
2. Name of DoD Employee: ______________________ Phone: ____________
3. Title of DoD Employee: ______________________ Dept.: ____________
4. Name of Non-Federal Source Providing Gift of Travel: ______________________
5. Name of Non-Federal Source sponsoring the event: ______________________
6. Nature/subject of the event (meeting, conference, etc.): ______________________
7. Traveler's official purpose (i.e., speaker, panel participant, attendee only, etc.): ______________________
8. Date(s) of the event: ____________ Employee's travel date(s): ____________
9. Name of Accompanying Spouse and travel date(s), if applicable: ______________________
10. Location of the event: ______________________
11. **ESTIMATED** Travel Expenses: ****Notes: Acceptance of Cash is strictly prohibited; Checks must be made out to the US Treasury: In-kind means the sponsor directly pays the airline, hotel, conference fee, etc.****

Nature of Travel Expense:	Check (to US Treasury)	In-kind	Estimated Amount
Airfare	☐	☐	$ ________
Hotel	☐	☐	$ ________
Meals	☐	☐	$ ________
Other	☐	☐	$ ________

12. Total **Estimated** Amount: Check $ ________ + In-kind $ ________ = TOTAL $ ________

13. Other Facts/Information: Nature and sensitivity of any matter pending at NPS affecting the interest of the non-federal source providing the travel and the employee's role in such matter; Identity of expected participants: ______________________

14. I have read the gift of travel standard operating procedure (SOP) and by my signature acknowledge that knowingly making any false writing is punishable by a fine, imprisonment or both (18 U.S.C § 1001). The statements in this report are true, complete, and correct to the best of my knowledge and belief.

Employee Signature	Date	Review (Ethics Official)	Date

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15. **ACTUAL** Travel Expenses: (to be completed after travel)

Nature of Travel Expense:	Check (to US Treasury)	In-kind	Actual Cost
Airfare	☐	☐	$ ________
Hotel	☐	☐	$ ________
Meals	☐	☐	$ ________
Other	☐	☐	$ ________

16. Total **Actual** Amount: Check $ ________ + In-kind $ ________ = TOTAL $ ________

17. The acknowledgment in item #14 is made applicable to post-travel statements herein by signature below.

Employee Signature	Date	Review (Ethics Official)	Date

Enclosure (2)