

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

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: _____ to _____ Employee's travel date(s): _____ to _____
9. Name of Accompanying Spouse and travel date(s), if applicable: _____
10. Location of the event: _____
11. Will your spouse be traveling with you? Yes No

12. **ESTIMATED** Travel Expenses: ****Notes: Acceptance of Cash or payment via EFT is strictly prohibited; Payment from the donor must be by check made payable to Department of the Navy. ****

Nature of Travel Expense:	Check (to Dept. of the Navy)	In-kind	Estimated Amount	
Hotel	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____	<i>In-kind means the sponsor directly pays the airline, hotel, conference fee, etc.</i>
Airfare	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____	
Meals	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____	
Other	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____	

13. Total **Estimated** Amount: Check \$ _____ + In-kind \$ _____ = TOTAL \$ _____

14. 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: _____

15. 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's Signature

Date

Reviewer's (Ethics Official)

Date

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

Nature of Travel Expense:	Check (to Dept. of the Navy)	In-kind	Actual Cost
Hotel	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____
Airfare	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____
Meals	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____
Other	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	\$ _____

17. Total **ACTUAL** Amount: Check \$ _____ + In-kind \$ _____ = TOTAL \$ _____

18. The acknowledgment in item #15 is made applicable to post-travel statements herein by signature below.

Employee's Signature

Date

Reviewer's (Ethics Official)

Date