SEMIANNUAL REPORT OF PAYMENTS ACCEPTED FROM A NON-FEDERAL SOURCE

PAGE	OF PAGES	YEAR
		2013

This report implements 31 U.S.C. § 1353. It does not supersede other reports that may have to be filed when travel expenses are accepted under other authority. For definitions and policies, see 41 CFR part 304-1.

[REPLACE WITH REPORTING AGENCY NAME]

[REPLACE WITH SUB-AGENCY NAME]

Agency Contact: [Replace with Agency Contact Name] [Replace with Agency Contact Email]

REPORTING PERIOD: OCTOBER 1, 2012- MARCH 31, 2013

REPORTING PERIOD: APRIL 1 - SEPTEMBER 30, 2013

NEGATIVE REPORT

No.	TRAVELER	EVENT DESCRIPTION & EVENT SPONSOR	EVENT DATE(S) [MM/DD/YYYY-MM/DD/YYYY]:	LOCATION AND TRAVEL DATE(S) [MM/DD/YYYY-MM/DD/YYYY]	BENEFIT SOURCE	BENEFIT DESCRIPTION	PAYMENT BY CHECK	PAYMENT IN-KIND	TOTAL AMOUNT
EX	**TRAVELER NAME**	**EVENT DESCRIPTION**	**BEGINNING DATE [MM/DD/YYYY]**	**LOCATION**	**BENEFIT SOURCE**				
	John Smith	Conference on Asia-Pacific Relations	8/11/2011	San Francisco, CA	Asia Pacific Forum Pacific Rim Foundation	Hotel		X	$280
	TRAVELER TITLE	**EVENT SPONSOR**	**ENDING DATE [MM/DD/YYYY]**	**TRAVEL DATE(S)**		Air Transportation	X		$825
	Secretary	Asia-Pacific Forum	8/12/2011	8/11/2011-8/13/2011		Meals		X	$120
1	**TRAVELER NAME**	**EVENT DESCRIPTION**	**BEGINNING DATE [MM/DD/YYYY]**	**LOCATION**	**BENEFIT SOURCE**				
	Stevi Black	Colorado Organization for Victim Assistance Conference	10/14/2024	Keystone, Colorado	Colorado Organization for Victim Assistance	Training (including three meals)		X	$675
	TRAVELER TITLE	**EVENT SPONSOR**	**ENDING DATE [MM/DD/YYYY]**	**TRAVEL DATE(S)**					
	Grant Program Specialist	Colorado Organization for Victim Assistance	10/16/2024	10/13/2024-10/16/2024					
2	**TRAVELER NAME**	**EVENT DESCRIPTION**	**BEGINNING DATE [MM/DD/YYYY]**	**LOCATION**	**BENEFIT SOURCE**				
	Maria Flores	Colorado Organization for Victim Assistance Conference	10/14/2024	Keystone, Colorado	Colorado Organization for Victim Assistance	Training (including three meals)		X	$675
	TRAVELER TITLE	**EVENT SPONSOR**	**ENDING DATE [MM/DD/YYYY]**	**TRAVEL DATE(S)**					
	Grant Program Specialist	Colorado Organization for Victim Assistance	10/16/2024	10/13/2024-10/16/2024					
3	**TRAVELER NAME**	**EVENT DESCRIPTION**	**BEGINNING DATE [MM/DD/YYYY]**	**LOCATION**	**BENEFIT SOURCE**				
	TRAVELER TITLE	**EVENT SPONSOR**	**ENDING DATE [MM/DD/YYYY]**	**TRAVEL DATE(S)**					