	SEMIANNUAL REPOR	T OF PAYMENTS ACCEPTED FROM A	NON-FEDERAL SOU	RCE	Form Ap	proval.: <b>0416-G</b>	SA-SA		PAGE 1	OF PAGES		
United States Selective Service System  TRAVELER  EVENT			e filled when travel expenses are accepted under other authority. For definition and policies, see 41 CFR part 304-1.  REPORTING PERIOD									
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