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SEMIANNUAL REPORT OF PAYMENTS ACCEPTED FROM A NON-FEDERAL SOURCE

Form Approval No.: **0416-GSA-SA** | PAGE | OF PAGES

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

REPORTING DEPARTMENT OR AGENCY: INTERNATIONAL TRADE ADMINISTRATION

REPORTING PERIOD: ☐ OCTOBER 1 - MARCH 31 *(Year)* ☑ APRIL 1 - SEPTEMBER 30 (Year) FY25 ☐ NEGATIVE REPORT

	TRAVELER *(Name/Title)*	EVENT DESCRIPTION/SPONSOR/DATES	LOCATION AND TRAVEL DATES	BENEFITS ACCEPTED: SOURCE	DESCRIPTION	CHECK	IN-KIND	AMOUNT
EXAMPLES	John Smith Secretary	Conference on Asia-Pacific Relations sponsored by Asia-Pacific Forum.	San Francisco, CA 8/11 - 13/93	Asia-Pacific Forum Pacific Rim Assoc.	Hotel Air Transportation Meals	 X 	X X	$280 825 120
EXAMPLES	Joyce Smith Spouse of Secretary	Conference on Asia-Pacific Relations sponsored by Asia-Pacific Forum.	San Francisco, CA 8/11 - 13/93	Asia-Pacific Forum Pacific Rim Assoc.	Air Transportation Meals	X 	 X	$825 120
NAME: Katelyn Christ TITLE: Deputy Assistant Secretary Supply Chain Center		DESCRIPTION: Provide remarks at CHAINge North America SPONSOR: Association for Supply Chain Management (ASCM) DATES: 9/8/2025 - 9/10/2025	LOCATION: Columbus, OH DATES: 9/8/2025 - 9/10/2025	Association for Supply Chain Management (ASCM)	Hotel		✔	$639
NAME: Casey Fitzpatrick TITLE: International Trade Specialist Supply Chain Center		DESCRIPTION: CHAINge North America SPONSOR: Association for Supply Chain Management (ASCM) DATES: 9/8/2025 - 9/10/2025	LOCATION: Columbus, OH DATES: 9/8/2025 - 9/10/2025	Association for Supply Chain Management (ASCM)	Hotel		✔	639.00
NAME TITLE		DESCRIPTION SPONSOR DATES:	LOCATION DATES					
NAME TITLE		DESCRIPTION SPONSOR DATES:	LOCATION DATES					

AUTHORIZED FOR LOCAL REPRODUCTION

STANDARD FORM 326 (2-98)
Prescribed by GSA/OGE (41 CFR 304-1)

SEMIANNUAL REPORT OF PAYMENTS ACCEPTED FROM A NON-FEDERAL SOURCE-CONTINUATION

REPORTING DEPARTMENT OR AGENCY

FORM APPROVAL **0416-GSA-SA**

TRAVELER *(Name/Title)*	EVENT DESCRIPTION/SPONSOR/DATES	LOCATION AND TRAVEL DATES	BENEFITS ACCEPTED SOURCE	DESCRIPTION	CHECK	IN-KIND	AMOUNT
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