

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

REPORTING DEPARTMENT OR AGENCY

FORM APPROVAL **0416-GSA-SA**

PAGE OF PAGES

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