

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

REPORTING DEPARTMENT OR AGENCY

FORM APPROVAL **0416-GSA-SA**

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