

**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			
	DESCRIPTION/SPONSOR/DATES			DESCRIPTION	CHECK	IN-KIND	AMOUNT
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