

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

REPORTING DEPARTMENT OR AGENCY

FORM APPROVAL **0416-GSA-SA**

PAGE OF PAGES

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

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