

**GIFTS OF TRAVEL FROM NON-FEDERAL ENTITIES (NFE)**

**SECTION I. TRAVELER INFORMATION:**

1. LAST NAME:	2. FIRST NAME:	3. MIDDLE INITIAL:	4. TITLE:
5. E-MAIL:	6. PHONE:	7. DEPARTMENT:	8. DEPARTMENT CHAIR:

**SECTION II. EVENT INFORMATION:**

9. EVENT NAME:		10. EVENT HOST/SPONSOR:	
11. EVENT DATE START:	12. EVENT DATE END:	13. TRAVEL DATE DEPART:	14. TRAVEL DATE RETURN:
15. CITY:	16. STATE:	17. COUNTRY:	18. EVENT NATURE/SUBJECT:
19. TRAVELER'S OFFICIAL PURPOSE:			
20. HOW DOES THIS TRAVEL RELATE TO YOUR OFFICIAL DUTIES AT USNA:		21. HOW WILL THIS TRAVEL PARTICIPATION BENEFIT USNA:	22. WHAT IS YOUR PLAN FOR DUTY COVERAGE DURING YOUR ABSENCE:

**SECTION III. DONOR INFORMATION:**

23. DONOR NAME:	24. DONOR EVENT/WEBSITE:	25. POC NAME:
26. POC EMAIL:	27. POC PHONE:	28. WRITTEN UNSOLICITED GIFT OFFER FROM DONOR ATTACHED <b>(Required)</b> : <input type="checkbox"/>

**SECTION IV. ESTIMATED GIFT OF TRAVEL EXPENSES (Check all that apply):**

29. NATURE OF EXPENSE:	a. IN-KIND:	b. CHECK:	ESTIMATED AMOUNT:
AIRFARE:	<input type="checkbox"/>	<input type="checkbox"/>	
TRAIN:	<input type="checkbox"/>	<input type="checkbox"/>	
POV MILEAGE:	<input type="checkbox"/>	<input type="checkbox"/>	
RENTAL CAR:	<input type="checkbox"/>	<input type="checkbox"/>	
GROUND TRANSPORTATION:	<input type="checkbox"/>	<input type="checkbox"/>	
LODGING:	<input type="checkbox"/>	<input type="checkbox"/>	
MEALS:	<input type="checkbox"/>	<input type="checkbox"/>	
INCIDENTALS:	<input type="checkbox"/>	<input type="checkbox"/>	
TOTAL:			

"In-Kind" expenses are paid directly by the donor at no expense to USNA.

If USNA will incur an initial outlay of funds to cover trip cost and the donor has offered a "reimbursable" gift of travel that must be paid by the donor via a check made payable to the U.S. Treasury after travel is complete.

**Accepting cash or checks from individual travelers is strictly prohibited.**

30. a. WILL OFFICIAL TRAVEL ENTITLEMENTS BE FUNDED WITH:

APPROPRIATED FUNDS     RESEARCH GRANT FUNDS    IF SO, LIST GRANT NAME: \_\_\_\_\_

OTHER

b. PLEASE LIST ENTITLEMENTS (e.g., lodging, food, etc.):

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**Travelers must also request travel approval in DTS regardless of funding source in order to be issued official travel orders. (Required)**

**SECTION V. CERTIFICATION, RECOMMENDATIONS, AND APPROVAL:**

I certify that (1) the above statements are true and complete; (2) I will be on orders in an official travel status for the duration of this travel; and (3) I have not directly or indirectly solicited this gift. I also acknowledge that I must complete and submit the "Post Travel" section below no later than 5 working days after my return.

31. TRAVELER'S SIGNATURE:	32. TRAVELER'S PRINTED NAME:	33. DATE SIGNED:
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**DEPARTMENT CHAIR/SUPERVISOR ENDORSEMENT:**

I recommend accepting this gift of travel and certify that I have determined that the originator (1) will travel for an official purpose and (2) will be in an official (paid) status during the travel period.

34. DEPARTMENT CHAIR/SUPERVISOR SIGNATURE:	35. DEPARTMENT CHAIR/SUPERVISOR PRINTED NAME:	36. DATE SIGNED:
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**DIVISION DIRECTOR ENDORSEMENT:**

I recommend accepting this gift of travel and certify that I have determined that the originator (1) will travel for an official purpose and (2) will be in an official (*paid*) status during the travel period.

37. DIVISION DIRECTOR SIGNATURE:	38. DIVISION DIRECTOR PRINTED NAME:	39. DATE SIGNED:
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**PRE-TRAVEL FORWARDING INSTRUCTION**

After completing traveler certification and department chair endorsement, forward signed form and supporting documentation to [sja@usna.edu](mailto:sja@usna.edu).

**FOR DEPUTY SJA USE ONLY:**

**RECOMMEND APPROVAL.**     **DO NOT RECOMMEND APPROVAL. (See attached memo)**

- PAYMENT IS FOR ATTENDING A MEETING, CONFERENCE, SEMINAR, SPEAKING ENGAGEMENT, SYMPOSIUM, TRAINING COURSE, OR RECEIVING AN AWARD RELATED TO OFFICIAL DUTIES.
- PAYMENT IS FOR TRAVEL RELATED TO THE EMPLOYEE'S OFFICIAL DUTIES AND THE EMPLOYEE IS IN A TRAVEL STATUS.
- TRAVEL IS IN THE INTEREST OF THE U.S. GOVERNMENT.
- THE DONOR IS NOT DISQUALIFIED DUE TO A CONFLICT OF INTEREST.

ACCEPTANCE AUTHORITY:     **CHIEF OF STAFF (<\$3,000)**     **SUPERINTENDENT (\$3,000 to <\$200,000)**

**SECTION VI. POST TRAVEL CERTIFICATION - ACTUAL GIFT OF TRAVEL EXPENSES (Check all that apply):**

40. NATURE OF EXPENSE:	a. IN-KIND:	b. CHECK:	c. ESTIMATED AMOUNT:	
AIRFARE:	<input type="checkbox"/>	<input type="checkbox"/>		"In-Kind" expenses are paid directly by the donor at no expense to USNA.  If USNA will incur an initial outlay of funds to cover trip cost and the donor has offered a "reimbursable" gift of travel that must be paid by the donor via a <u>check made payable to the U.S. Treasury</u> after travel is complete.  <b>Accepting cash or checks from individual travelers is strictly prohibited.</b>
TRAIN:	<input type="checkbox"/>	<input type="checkbox"/>		
POV MILEAGE:	<input type="checkbox"/>	<input type="checkbox"/>		
RENTAL CAR:	<input type="checkbox"/>	<input type="checkbox"/>		
GROUND TRANSPORTATION:	<input type="checkbox"/>	<input type="checkbox"/>		
LODGING:	<input type="checkbox"/>	<input type="checkbox"/>		
MEALS:	<input type="checkbox"/>	<input type="checkbox"/>		
INCIDENTALS:	<input type="checkbox"/>	<input type="checkbox"/>		
TOTAL:				

I certify that the Post Travel Certification section statements are true and complete to the best of my knowledge.

41. TRAVELER'S SIGNATURE:	42. TRAVELER'S PRINTED NAME:	43. DATE SIGNED:
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**POST TRAVEL FORWARDING INSTRUCTIONS:**

Within 5 working days of return, check certification button above, sign and date, and e-mail completed form to the Staff Judge Advocate's Office at [sja@usna.edu](mailto:sja@usna.edu).