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 ATTATCHED (*Required*): ☐

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

29. NATURE OF EXPENSE:	a. IN-KIND:	b. CHECK:	ESTIMATED AMOUNT:
AIRFARE:	☐	☐	
TRAIN:	☐	☐	
POV MILEAGE:	☐	☐	
RENTAL CAR:	☐	☐	
GROUND TRANSPORTATION:	☐	☐	
LODGING:	☐	☐	
MEALS:	☐	☐	
INCIDENTALS:	☐	☐	
		TOTAL:	

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

USNA has transitioned exclusively to electronic collection channels. Consequently, physical paper checks are no longer accepted or processed. 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 electronically via the dedicated Pay.gov URL or directly into Treasury account symbol 17X8733 for the USNA using the FedWire or ACH forms in coordination with the Comptroller 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 (*Specify*) _____

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

Travelers must 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, and (4) I understand that pursuant to 5 CFR 263.807 and USNAINST 4001.5 (Series), I may not receive compensation (e.g. honoraria) for this event and any items received must be properly processed in accordance with USNAINST 4001.5 (Series).

31. TRAVELER'S PRINTED NAME:	32. TRAVELER'S SIGNATURE:	33. DATE SIGNED:

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

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 PRINTED NAME:	35. DEPARTMENT CHAIR/SUPERVISOR SIGNATURE:	36. DATE SIGNED:

DIVISION DIRECTOR/DEAN 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/DEAN PRINTED NAME:	38. DIVISION DIRECTOR/DEAN SIGNATURE:	39. DATE SIGNED:

PRE-TRAVEL FORWARDING INSTRUCTION
After completing traveler certification and endorsements, forward signed form and supporting documentation to sja@usna.edu.

SECTION VI. LEGAL REVIEW

☐ NO LEGAL OBJECTION ☐ LEGAL OBJECTION (*See attached memo*)

I have reviewed the subject gift of travel and assess that the criteria set forth in 31 USC § 1353, 41 CFR § 304, and SECNAVINST 4001.2K are met:

☐ 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.

This analysis is limited to the facts presented. Any substantial omissions or changes should be communicated to this office for further evaluation. Approval of this gift of travel is contingent upon adherence to current DoD policies, including use of GTC, etc.

40. ETHIC COUNSELOR PRINTED NAME:	41. ETHIC COUNSELOR SIGNATURE:	42. DATE SIGNED:

SECTION VII. GIFT ACCEPTANCE DECISION

43. ACCEPTANCE AUTHORITY: ☐ DEPUTY FOR FINANCE *(≤$10,000)*
☐ CHIEF OF STAFF (*>$10,000 to ≤$25,000*) ☐ SUPERINTENDENT (>$25,000 to ≤$1,000,000)

44. DECISION: ☐ APPROVED ☐ DISAPPROVED

45. COMMENTS:

46. ACCEPTANCE AUTHORITY PRINTED NAME:	47. ACCEPTANCE AUTHORITY SIGNATURE:	48. DATE SIGNED:

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

Within 5 working days of return, fill-in, sign, date, and e-mail completed form to the Staff Judge Advocate's Office at sja@usna.edu.

49. NATURE OF EXPENSE:	a. IN-KIND:	b. CHECK:	c. ESTIMATED AMOUNT:
AIRFARE:	☐	☐	
TRAIN:	☐	☐	
POV MILEAGE:	☐	☐	
RENTAL CAR:	☐	☐	
GROUND TRANSPORTATION:	☐	☐	
LODGING:	☐	☐	
MEALS:	☐	☐	
INCIDENTALS:	☐	☐	
		TOTAL:	

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

USNA has transitioned exclusively to electronic collection channels. Consequently, physical paper checks are no longer accepted or processed. 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 electronically via the dedicated Pay.gov URL or directly into Treasury account symbol 17X8733 for the USNA using the FedWire or ACH forms in coordination with the Comptroller after travel is complete.

Accepting cash or checks from individual travelers is strictly prohibited.

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

50. TRAVELER PRINTED NAME:	51. TRAVELER SIGNATURE:	52. DATE SIGNED: