Department of Veterans Affairs

REQUEST FOR APPROVAL OF ACCEPTANCE OF GIFTS OR DONATIONS OR TRAVEL/SUBSISTENCE EXPENSES IN CONNECTION WITH OFFICIAL TRAVEL BY VHA FACILITY EMPLOYEES

NOTE TO REQUESTING EMPLOYEE AND VISN DIRECTOR: Before completing request, review the Secretary's Memorandum to All VA Employees dated May 7, 1984, Subject: Conflict of Interest; Director for Operations Letter dated October 28, 1985, Subject: Conflict of Interest; and VHA Manual M-8, "Academic Affairs", Part V, Chapter 9.

Questions about this form may be addressed to: Administrative Operations Staff (144C), Office of Academic Affairs, VACO, FTS 389-5175

PART I - EMPLOYEE REQUEST

1A. FULL NAME	1B. OFFICE	1C. SYMBOL

2. DATES OF TRAVEL	3. DESTINATION (CITY AND STATE)

4. DONOR ORGANIZATION *(name, address, employer number)*

5. BASIS OF ACCEPTANCE - 501(C)(3) APPROVED ORGANIZATIONS REFERS TO THE INTERNAL REVENUE CODE AND A LIST OF TAX-EXEMPT ORGANIZATIONS (CHECK ONE)

- ☐ A. ACCEPTANCE OF CASH FROM A 501(C)(3) APPROVED ORGANIZATION
- ☐ B. ACCEPTANCE OF SUPPORT IN KIND FROM A 501 (C)(3) APPROVED ORGANIZATION
- ☐ C. ACCEPTANCE FROM STATE, COUNTY, OR MUNICIPAL GOVERNMENT
- ☐ D. ACCEPTANCE OF CASH BY A VHA NATIONALLY RECOGNIZED PRINCIPAL INVESTIGATOR
- ☐ E. ACCEPTANCE IN KIND FROM A NON-501 (C)(3) ORGANIZATION

IF ITEM (D) IS SELECTED (ACCEPTANCE OF CASH BY A VHA NATIONALLY RECOGNIZED PRINCIPAL INVESTIGATOR) STATE SPECIFIC CRITERIA SUPPORTING SUCH STATUS:

6. ESTIMATED VALUE OF REQUEST *(no honorarium or comparable payment can be accepted)*

ITEM DESCRIPTION	NUMBER OF DAYS	DAILY RATE	AMOUNT
A. TRANSPORTATION (AIR, RAIL, ETC.)			$
B. LODGING			$
C. MEALS			$
D. OTHER (LOCAL TRANSPORTATION, ETC.)			$
E. TOTAL			$

7. PURPOSE OF REQUEST *(specify your exact role during the requested official leave period, and the expected outcome of your participation)*

8. CERTIFICATION

I certify that I have read the Secretary's May 7, 1984, memorandum and the Code of Ethics for Government Service, and that my acceptance of this gift or donation is in accord with them.

EMPLOYEE SIGNATURE	DATE

PART II - RECOMMENDATION BY SUPERVISOR

Upon review of the above request and based upon the employee's position and responsibilities and the purpose of the requested acceptance, I recommend as follows:

☐ APPROVE ☐ DISAPPROVE

SUPERVISOR SIGNATURE	DATE	
SUPERVISOR TITLE	OFFICE	SYMBOL

PART III - RECOMMENDATION BY DIVISION OR SERVICE CHIEF

Upon review of the request and recommendation, I recommend as follows:

☐ APPROVE ☐ DISAPPROVE

DIVISION/SERVICE CHIEF SIGNATURE	DATE	
DIVISION/SERVICE CHIEF TITLE	OFFICE	SYMBOL

PART IV - ACTION BY FACILITY DIRECTOR

Action by Facility Director as the CMD's delegated official for approving/disapproving requests (see MP-5, Part I, Chapter 410):

☐ APPROVE ☐ DISAPPROVE

FACILITY DIRECTOR SIGNATURE	DATE

PART V - REPORT OF SUPPORT RECEIVED

Complete and forward this report to the ACMD for Academic Affairs (144c), VACO, no later than 30 calendar days after completion of the approved trip. Information provided will be included in RCS 10-0146.

1. CASH RECEIVED		2. IN KIND EQUIVALENT	
A. TRANSPORTATION	$	A. TRANSPORTATION	$
B. LODGING	$	B. LODGING	$
C. MEALS	$	C. MEALS	$
D. OTHER	$	D. OTHER	$
E. TOTAL	$	E. TOTAL	$