Department of Veterans Affairs

ADVANCE REVIEW OF OFFER TO DONATE SUPPORT FOR OFFICIAL TRAVEL

NOTE: This VA Form 0893 is to be used to accept a gift of travel under 31 U.S.C. §1353 or 5 U.S.C. §4111 and does NOT replace travel authorization documents. USE THIS FORM IN CONJUNCTION WITH THE CURRENT VA TRAVEL MANAGEMENT SYSTEM.

INSTRUCTIONS: Please complete and have office head sign on page 2. Forward to Assistant General Counsel (023)(VACO) or Regional Counsel (Field). They will review and return form to you. You must then provide form to one of the officials with gift acceptance authority listed on the the bottom of page 2. Upon completion of your travel, this form (with all necessary signatures) must be included with your claim for reimbursement of travel expenses (travel voucher). Faxing a copy of this form to the current VA travel management system is acceptable.

INFORMATION ABOUT VA EMPLOYEE *(Traveler)*

NAME OF VA EMPLOYEE	POSITION TITLE
DEPARTMENT/OFFICE	DUTY STATION

INFORMATION ABOUT DONOR AND/OR HOST ORGANIZATION

NAME OF ORGANIZATION HOSTING THE EVENT	NAME OF DONOR ORGANIZATION *(If different from Host)* Buffalo Institute for Medical Research
HOST ORGANIZATION POINT OF CONTACT (POC)	DONOR ORGANIZATION POINT OF CONTACT (POC) Rebecca Benz
HOST POINT OF CONTACT E-MAIL ADDRESS	DONOR POINT OF CONTACT E-MAIL ADDRESS Rebecca.Benz@va.gov
HOST POINT OF CONTACT DAYTIME PHONE NUMBER EXT:	DONOR POINT OF CONTACT DAYTIME PHONE NUMBER (716) 862-6517 EXT:

INFORMATION ABOUT MEETING OR EVENT SPONSORED BY (DONOR) HOST ORGANIZATION

NAME AND ADDRESS OF EVENT	DATE OF EVENT	TIME OF EVENT

PURPOSE OF EVENT *(Include 1, How this event will further VA's interests, and 2, how this event relates to your official duties)*

1.

2.

OTHER ENTITIES ATTENDING OR PARTICIPATING	ROLE OF EMPLOYEE-TRAVELER *(e.g. attendee, speaker, trainer, etc.)*

DID DONOR OFFER TO PAY COSTS FOR OTHER ATTENDEES SIMILARLY SITUATED (e.g. if you are going to be a speaker, did donor offer similar travel gifts to all speakers at the event?) ☐ YES ☐ NO

INSTRUCTIONS: Fill out dollar amount and appropriate Gift Code for each applicable category. Include amounts for spouse if donor has offered to support spouse travel.

	GIFT CODE	NO. OF NIGHTS	COST PER NIGHT			
LODGING			$		TOTAL LODGING	$
		SELF		SPOUSE		
MEALS		$		$	TOTAL MEALS	$
TRAVEL FARES		☐ COACH ☐ PREMIUM ☐ 1st CLASS $		☐ COACH ☐ PREMIUM ☐ 1st CLASS $	TOTAL FARES	$
GROUND TRANSPORTATION		$			TOTAL GROUND TRANSPORTATION	$
EVENT FEES		$		$	TOTAL FEES	$
OTHER EXPENSES		$		$	TOTAL OTHER EXPENSES	$

GIFT CODE KEY
1 - In-Kind - e.g. donor provides airline ticket
2 - Check/other monetary instrument payable to VA
3 - Check/other monetary instrument payable to employee*
4 - Cash to employee*

*VA employees receiving cash or check payable to employee must confirm that donor is a tax-exempt 501(c)(3) corporation.

GRAND TOTAL ▶ $

TO YOUR KNOWLEDGE, ARE THERE ANY PENDING CONTRACTS, PROPOSALS, REQUESTS FOR PROPOSALS, AFFILIATION AGREEMENTS, OR OTHER DECISIONS OR MATTERS INVOLVING VA AND DONOR?

☐ NO

☒ YES *(If "YES", describe the pending matter in the REMARKS section below.)*

DOES VA EMPLOYEE HAVE A ROLE IN VA ACTION ON ANY OF THE PENDING MATTERS?

☐ NO

☐ YES *(If "YES," describe the VA Employee's role in the REMARKS section below.)*

IF REIMBURSEMENT WILL BE BY CASH OR CHECK PAYABLE TO EMPLOYEE ANSWER THE FOLLOWING:

1. IS THE DONOR A TAX-EXEMPT 501(c)(3) CORPORATION?

☒ YES ☐ NO

2. DID YOU RENDER SERVICE TO THE 501(c)(3) DONOR PRIOR TO THIS TRAVEL? *(If yes, provide details in REMARKS sections below.)*

☐ YES ☒ NO

REMARKS

The donor (BIMR) is the VA research corporation organized by the Buffalo VAMC.

CERTIFICATION: I certify that the answers above are truthful and correct. I further certify that if I directly receive a cash or check payment from the donor, I will use these funds only for the listed travel expenses and I will refund any unused portion of these funds to the donor. ▶	SIGNATURE OF EMPLOYEE *(Traveler)*	DATE SIGNED

CERTIFICATION OF HEAD OF EMPLOYEE-TRAVELER'S OFFICE

CERTIFICATION: I certify that the travel relates to the employee's official duties and believe that the travel is in the interest of the Government. To the best of my knowledge, I believe that the answers above are truthful and correct. ▶	SIGNATURE OF REQUESTING OFFICE HEAD OR NEXT HIGHER OFFICIAL IF REQUESTING HEAD IS TRAVELER *(Print name and title)*	DATE SIGNED

GENERAL COUNSEL REVIEW

REVIEW FINDINGS: Based upon facts above, VA could lawfully determine that accepting the offered travel support would be proper. ▶	SIGNATURE OF ASSISTANT GENERAL COUNSEL (023) OR REGIONAL COUNSEL OR OTHER DEPUTY ETHICS OFFICIAL	DATE SIGNED

ACCEPTANCE OF GIFT BY AUTHORIZED OFFICIAL

I approve acceptance of the gift of travel support based on the facts provided above. I determine that the travel is in the interest of the Government and relates to the traveling employee's official duties and that the gift is not a reward for services to the donor prior to the event. I further determine that acceptance of the offered travel support would not cause a reasonable person with knowledge of all the relevant facts to questions the integrity of VA's programs, operations, or employee's. I have considered any impact the performance or nonperformance of the traveling employee's official duties might have on the donor.

LIST OF OFFICIALS AUTHORIZED TO MAKE DETERMINATION Secretary; Deputy Secretary, VA COS, VA Deputy COS, Under Secretary, Deputy Under Secretary, Assistant Deputy Under Secretary, Executive Assistant to the Under Secretary, Assistant Secretary, Deputy Assistant Secretary, Key Central Office Official and Deputy; VISN Director and Deputy Director, VBA Area Director and Deputy Director, Regional Counsel, NCA Memorial Service Network Director and Deputy Director, Field Facility Director and their Associate and Assistant Directors (and Medical Center COS if authorized by Medical Center Director). ▶	SIGNATURE OF APPROVING OFFICIAL *(Print name and title)*	DATE SIGNED

THIS COMPLETED FORM ALONG WITH TRAVEL VOUCHER MUST BE FAXED TO CURRENT VA TRAVEL MANAGEMENT SYSTEM AFTER TRAVEL IS COMPLETED.