Department of Veterans Affairs

ADVANCE REVIEW OF OFFER TO DONATE SUPPORT FOR OFFICIAL TRAVEL

INSTRUCTION: *Please complete the below form and return to Assistant General Counsel (023) or Regional Counsel.*

INFORMATION ABOUT VA EMPLOYEE *(Traveler)*

NAME OF VA EMPLOYEE	POSITION TITLE
DEPARTMENT/OFFICE	DUTY STATION

INFORMATION ABOUT DONOR OR HOST ORGANIZATION

NAME OF DONOR OR HOST ORGANIZATION	MAILING ADDRESS
POINT OF CONTACT	

E-MAIL ADDRESS	ORGANIZATION WEBSITE ADDRESS *(If applicable)*	DAYTIME PHONE NUMBER EXT:

HAS DONOR OFFERED SUPPORT FOR THE TRAVELER'S SPOUSE
☐ YES ☐ NO

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

NAME OF EVENT	DATE OF EVENT	TIME OF EVENT

PURPOSE OF EVENT *(Include how this event will further VA's interests and what relationship event has with the official duties of VA employee)*

ROLE OF VA EMPLOYEE *(Attendee, speaker, trainer, etc.)*

OTHER ENTITIES ATTENDING OR PARTICIPATING	RELATION TO TRAVELER'S OFFICIAL DUTIES

INSTRUCTIONS: Provide the dollar value offered for each expense listed below *(including spouse if applicable)*. If a listed expense is not being offered then enter NONE. Specify under "TYPE OF REIMBURSEMENT" whether the support will be provided (**1**) in cash or check to VA Employee, (**2**) check to VA, or (**3**) In-Kind . VA employees receiving cash reimbursements must confirm that the donor is a tax-exempt 501(c)(3) corporation. In-Kind means services **instead of monetary payments**. (Example: when the Donor pays the hotel for the VA employee's lodging, instead of providing cash reimbursement to the VA employee.

		TYPE OF REIMBURSEMENT
LODGING	$	
MEALS	$	
AIRFARE *(Specify coach/ premium other than first class/ first class (1)*	$	
GROUND TRANSPORTATION	$	
REGISTRATION FEE FOR MEETING	$	
OTHER EXPENSES	$	
TOTAL VALUE *(including spouse)* ▶	$ 0.00	

IS THE DONOR A 501(c)(3) CORPORATION

☐ NO

☐ YES

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.)*

REMARKS

CERTIFICATION OF REQUESTING OFFICE

CERTIFICATION: I certify that the answers above are truthful and correct. ▶	SIGNATURE OF REQUESTING OFFICE HEAD OR NEXT HIGHER OFFICIAL IF REQUESTING HEAD IS TRAVELOR *(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	DATE SIGNED

APPROVING OFFICIAL'S SIGNATURE

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. I further determine that acceptance of the offered travel support would not cause a reasonable person with knowledge of all the relevant facts to question the integrity of VA's programs or operations. I have considered any impact the performance or nonperformance of the traveling employee's official duties might have on the donor. I approve acceptance of the travel support.

LIST OF OFFICIALS AUTHORIZED TO MAKE DETERMINATION Secretary; Under Secretary, Chief of Staff; Assistant Secretary; Deputy Assistant Secretary; Director, NCS; Key Central Office Official or his/her Deputy; Field Facility Directors. ▶	SIGNATURE OF APPROVING OFFICIAL *(Print name and title)*	DATE SIGNED