

Acceptance of Payment for Travel Expenses from a Non-Federal Source

Form AD-1101- Approval Procedure and Instructions

A. EMPLOYEE/TRAVELER INSTRUCTIONS

- 1. Obtain a copy of the invitation which **specifically includes the travel expenses to be covered** (email invitations accepted).
- 2. Complete Parts I-V of Form AD-1101.
- 3. Digitally sign and electronically submit Form AD-1101, a copy of invitation (which includes the specific offer to cover travel expenses), and unsigned draft letter of acceptance (which is signed and sent after travel is approved, a model of which can be found at: http://ethics.usda.gov/science/docs/forms/SAMPLE_LETTER_OF_ACCEPTANCE.doc, via email, to your supervisor.
- 4. <u>Please Note:</u> When completing the Concur authorization, indicate in the comments section if the travel expenses are being reimbursed by a non-Federal source.

B. SUPERVISOR RESPONSIBILITIES

- 1. Review Form AD-1101 for the following:
 - a. The travel is being provided to the Agency.
 - b. Attendance is for a **meeting or similar function** that is not mission essential.
 - c. The employee has been authorized to attend in his or her **official capacity.**
- 2. Complete Part VI (Immediate Supervisor's Review) if applicable. If, however, you are the Approving Agency Official, **skip Part VI and complete/sign Part VIII instead**.

(Note: Agencies where the Immediate Supervisors are the Approving Agency Official are identified below by a double asterisk **).

3. Digitally sign and submit Form AD-1101, invitation, and draft letter of acceptance via email to the proper ethics office listed below.

C. APPROVING AGENCY OFFICIAL RESPONSIBILITIES

- 1. Review conflicts analysis and complete Part VIII.
- 2. Digitally sign and electronically submit Form AD-1101, via email, to the Office of Ethics.

ELECTRONICALLY SUBMIT FORM AD-1101 (AND ATTACHMENTS) TO THE PROPER ETHICS PROVIDER

- Civil Rights; Departmental Management; Foreign Agricultural Service; Office of Budget and Program Analysis; Office of Communications; Office of Congressional Relations; Office of Homeland Security; Office of the Inspector General; Office of the Chief Economist; Office of the Chief Financial Officer; Office of the Chief Information Officer; Office of the Executive Secretariat; Office of the General Counsel; Office of the Secretary; Risk Management Agency. Please submit your completed form and materials to: DAEO.ETHICS@OE.USDA.GOV
- · Farm Service Agency employees. Please submit your completed form and materials to: ETHICS-FARM-FSA@OE.USDA.GOV
- Natural Resources Conservation Service employees. Please submit your completed form and materials to: ETHICS-FARM-NRCS@OE.USDA.GOV
- · Rural Development employees. Please submit your completed form and materials to: ETHICS-FARM-RD@OE.USDA.GOV
- Agricultural Marketing Service, Animal and Plant Health Inspection Service, Grain Inspection, Packers and Stockyards Administration, Food and Nutrition Service, Food Safety and Inspection Service, National Appeals Division employees. Please submit your completed form and materials to: ETHICS-MARKETINGBRANCH@OE.USDA.GOV
- **Agricultural Research Service (ARS); **Economic Research Service (ERS); **National Agricultural Statistics Service (NASS);
 **National Institute of Food and Agriculture (NIFA): Please submit your completed form and materials to the appropriate Agency/Area Ethics Advisor/Liaison. A list of current ethics personnel can be found at http://ethics.usda.gov/science/docs/agency-ethics-contacts.pdf
- **U.S. Forest Service employees please submit your completed form and materials to FSETHICS@OE.USDA.GOV



United States Department of Agriculture Office of Ethics

AD-1101 APPROVAL AND REPORT OF TRAVEL FUNDS RECEIVED FROM NON-FEDERAL SOURCES

Note: Certain information collected on this form, for gifts of travel greater than \$250, is provided to the US Office of Government Ethics semi-annually for review and is publically available at http://www.oge.gov/Open-Government/Travel-Reports/Travel-Reports

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PART I: EMPLOYEE INFORMATION								
1. Name		2. Position Title						
3. Duty Location (Address)		4. Ethics Provider: (Forestry and Science Ethics Branches Only [SELECT ONE])						
5. Telephone		6. Email Address						
PART II: SPOUSE'S TRAVEL (IF	APPLICABLE)							
1. Name		2. Departing Travel Date	3. Return Travel Date					
4. Reason for Spouse's Travel	1							
PART III: EVENT INFORMATION								
1. Kind of Event (select one of the following): Meeting Seminar Conference Speaking Engagement Other (specify):								
2. Specific Location of Event								
3. Title of Event								
4. Description or Purpose of Event								
5. Event Start Date	6. Event End Date	7. Departing Travel Date	8. Return Travel Date					
9. Name of Benefit Source (name of non-Federal source covering your travel expenses)								
10. Name of Event Sponsor (list only if different than Item 9, above)								

PART IV: ACCEPTANCE INFORMATION									
1.	Select which expenses below are being covered by t	the non-Federal source and their va	alue in dollars (leave blan	ık if not applicable).					
	Expenses	In-Kind (Value in Dollars)		Paid to Agency Value in Dollars)					
2.	List other expenses:								
	TOTALS:								
	ART V: CONFLICT OF INTEREST ANALYSIS UND		aveler Completes Items 1	-5 Below)					
	1. The identity of other expected participants at the event;								
2. The nature and sensitivity of any matter pending at the agency affecting the interests of the non-Federal source;									
3.	The significance of the employee's role in any such m	natter specified in (2) above; and							
4. <u>ANALYSIS</u> : Would acceptance of the travel expenses from this non-Federal source cause a reasonable person with knowledge relevant to a particular case to question the integrity of agency programs or operations? Yes No									
5.	I certify that the information provided on this form a of 41 CFR Part 304-1, Federal Travel Regulations, Acknowledge.								
	Traveler's Signature			Date					
	<u>Traveler</u> : Forward (1) This Form, (2) A copy of the invitation that includes the offer of monetary support, and (3) The draft letter of acceptance to your immediate supervisor for review.								

PART VI: IMMEDIATE SUPERVISOR	R'S REVIEW [If the	Immediate Supervisor is	also the Approving Offici	al For the Agency,	Please skip to Part VIII]				
I certify that this employee has been assigned to travel to the above noted event in his or her official capacity, and that his or her attendance furthers the agency's mission.									
1. Immediate Supervisor's Name		2. Telephone	3. Email Address						
4. Immediate Supervisor's Signature					5. Date				
Immediate Supervisor: After your review and digital signature, please forward (1) This Form, (2) Copy of invitation that includes the offer of monetary support, and (3) The draft letter of acceptance to the appropriate ethics office for review.									
PART VII: RECOMMENDATION OF	USDA ETHICS OFFIC	CIAI							
1. Name of USDA Ethics Official	OODA ETTIIOO OFFIC		f USDA Ethics Official	 					
		2	. 000/12111100 01110101						
3. Request as described above complies with the applicable ethical rules and statues.									
4. Request as described above <u>doc</u>									
Note: The authorized agency official may find that, while acceptance from the non-Federal source is permissible, it is in the interest of the agency to qualify acceptance of the offered payment by, for example, authorizing attendance at only a portion of the event or limiting the type or character of benefits that may be accepted.									
5. Comments or Qualifications on Acce	eptance								
6. Ethics Advisor's Signature]	7. Date				
PART VIII: APPROVING AGENCY O									
I certify that after reviewing the submitted materials, I, the undersigned <i>Approving Agency Official</i> have Approved Disapproved acceptance of the unsolicited offer of travel, subsistence, and related expenses from the non-federal source in advance of the proposed travel being accomplished by the employee.									
Comments:									
Comments.									
1. Approving Official's Name		2. Telephone	3. Email Address						
4. Approving Official's Signature]	5. Date				
Approving Official: Must return this	s form after rendering	g a decision to the	appropriate Ethics (Office in order t	o comply with Office				

of Government Ethics Semi-Annual Reporting Requirements.