

<b>SEMIANNUAL REPORT OF PAYMENTS ACCEPTED FROM A NON-FEDERAL SOURCE</b>	Form Approval No.: 0416-GSA-S/	PAGE	OF PAGES
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This report implements 31 U.S.C. 1353. It does not supersede other reports that may have to be filed when travel or travel expenses are accepted under other authority. For definitions and policies, see 41 CFR part 304-1.

REPORTING CENTER		REPORTING PERIOD		BENEFITS ACCEPTED				
		October 1-to-March 31	April 1-to-September 30					
TRAVELER (Name/Title)	EVENT	LOCATION AND TRAVEL DATES		SOURCE	DESCRIPTION	CHECK	IN-KIND	AMOUNT
	DESCRIPTION/SPONSOR/DATES							
NAME _____ TITLE _____					Airfare			
					Hotel/Meals			
				<b>Total Amount</b>	Transportation			
				\$0	Miscellaneous			
NAME _____ TITLE _____					Airfare			
					Hotel/Meals			
				<b>Total Amount</b>	Transportation			
				\$0	Miscellaneous			
NAME _____ TITLE _____					Airfare			
					Hotel/Meals			
				<b>Total Amount</b>	Transportation			
				\$0	Miscellaneous			
NAME _____ TITLE _____					Airfare			
					Hotel/Meals			
				<b>Total Amount</b>	Transportation			
				\$0	Miscellaneous			
NAME _____ TITLE _____					Airfare			
					Hotel/Meals			
				<b>Total Amount</b>	Transportation			
				\$0	Miscellaneous			