**Department of Energy**

**Request for Approval of Non-Federal Source Travel (NFST)**

\* Please complete all questions on all pages of this form

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**Please submit complete NFST packages to** **standardsofconduct@hq.doe.gov** **for review at least two weeks prior to the travel.**

A complete NFST package includes this fully completed & signed form, AND:

* A copy of the completed and signed Travel Authorization Form (concur.gov)
* A copy of the invitation to the event that explains in detail which expenses the nonfederal source is offering to cover and their accompanying costs
* A link to or copy of the event agenda (draft is ok), if applicable
* It is also helpful if the package includes an attendance list with full and complete details about who the other attendees at the meeting will be and what interests (e.g., employers/affiliations) they might be representing

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1. EMPLOYEE: NAME PHONE NUMBER

 POSITION OFFICE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



2. TRAVEL:

1. TRAVEL DATES: FROM TO
2. LOCATION

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



3. EVENT/PURPOSE OF TRAVEL :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



4. A. NON-FEDERAL SPONSOR OF EVENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. TYPE OF ORGANIZATION (e.g. for profit corp., non-profit org., educational org., etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



5. NATURE OF EVENT(e.g. conference, meeting): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. DATES OF EVENT: FROM TO

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. IDENTIFY OTHER ATTENDEES (e.g., affiliation type and breakdown): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



8. A. YOUR ROLE IN THE EVENT (Check One): [ ]  Speaker [ ]  Panel Discussion Member [ ]  Subject-Matter Expert



 B. If speaking, date(s) speaking:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



9. NON-FEDERAL SOURCE OF PAYMENT (Identify all non-Federal sources from which payment will be accepted under 31 U.S.C. § 1353

for you in connection with this event. Note: this may be the same as the non-Federal sponsor of the event or another non-Federal entity.)

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10. NATURE OF TRAVEL SUPPORT (For each item, provide amount, if any, in appropriate column. Provide totals on bottom line.)

|  |  |  |
| --- | --- | --- |
|  | **REIMBURSEMENT TO DOE** | **IN-KIND**  |
| **AIRFARE, RAILFARE** |  |  |
| **FOOD** |  |  |
| **TRANSPORTATION** |  |  |
| **CONFERENCE FEE/EVENT REGISTRATION** |  |  |
| **LODGING** |  |  |
| **MISCELLANEOUS** |  |  |
| **TOTALS** |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. IS THE NON-FEDERAL SOURCE USING FEDERAL FUNDS TO DEFRAY THE COSTS OF THIS TRIP? [ ] Yes [ ]  No

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12. IS THE NON-FEDERAL SOURCE OFFERING TO PAY AMOUNTS WHICH ARE IN EXCESS OF THOSE ORDINARILY ALLOWED BY APPLICABLE FEDERAL TRAVEL REGULATIONS? FOR EXAMPLE, ARE AMOUNTS IN EXCESS OF THE MAXIMUM PER DIEM RATES? [ ]  Yes [ ] No If yes, explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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13. ADDITIONAL INFORMATION.

1. DESCRIBE ANY MATTERS PENDING BEFORE DOE OR ANY INTEREST IN DOE’S PROGRAMS OR REGULATIONS THAT ANY OF THE NON-FEDERAL SOURCE MAY HAVE.

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1. DESCRIBE THE SIGNIFICANCE OF YOUR ROLE IN THE MATTERS DESCRIBED IN 13A.

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14. DESCRIBE DOE’S INTEREST IN YOUR ATTENDANCE AT THE EVENT AND HOW IT RELATES TO YOUR OFFICIAL DUTIES.



\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



15. ARE YOU AN OFFICER, DIRECTOR, TRUSTEE, PARTNER, OR AN EMPLOYEE OF THE NON-FEDERAL SOURCE?

[ ]  Yes [ ] No If yes, explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Employee Traveler**

I understand that I cannot receive any cash, honoraria, or checks made payable to me in connection with this travel being paid for by a non-Federal source. I also understand that travel paid by a non-Federal source should be authorized prior to travel. Failure to obtain prior approval and acceptance of payments in violation of these regulations may require that I pay the general fund of the Treasury an amount equal to the payments accepted and that I may not be reimbursed by the Government. Further, I certify that to the best of my knowledge the information provided on this form and all attached documents are true, complete, correct, and comply with the regulations set forth in 41 C.F.R. Chapter 304,Payment of Travel Expenses from a Non-Federal Source (Federal Travel Regulations).

Traveler’s signature Date

**Authorizing Agency Official**

As the Agency Authorizing Official, I determine that:

A. The payment by a Non-Federal Source to DOE for travel-related expenses is for the attendance by this DOE employee at a meeting or similar function;

B. This payment is for travel that is related to this employees official duties; and

C. Acceptance of this payment would not cause a reasonable person with knowledge of all the facts relevant to a particular case to question the integrity of the agencys programs and operations.

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

**Concurrence By Ethics Counselor**

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

**NOTE: After travel is completed, you must fax your travel voucher, receipts, and documentation of the value of anything provided in-kind to 301-903-5240. All checks must be made payable to: U. S. Department of Energy.**

PRIVACY ACT STATEMENT

Section 1353 of title 5, United States Code, authorizes the collection and maintenance of this information. The primary use of this information is by the authorizing agency official and ethics counselor to approve acceptance by the Department of Energy of payment for travel expenses from a non-Federal source. See also 41 C.F.R. Chapter 304.

Additional disclosures of the information on this report may be made: (1) to a Federal, State, or local agency responsible for investigating, prosecuting, enforcing, or implementing a statute, rule, regulation, or order, where OGE becomes aware of an indication of a violation or potential violation of civil or criminal law or regulation; (2) to a Federal agency, court, or party in a court or Federal administrative proceeding if the Government is a party or in order to comply with a judge-issued subpoena; (3) to a source when necessary to obtain information relevant to a conflict of interest investigation or decision; (4) to the National Archives and Records Administration or the General Services Administration in records management inspections; (5) to the Office of Management and Budget (OMB) during legislative coordination on private relief legislation; (6) in response to a request for discovery or for the appearance of a witness in a pending judicial or administrative proceeding, if the information is relevant to the subject matter; (7) to a Member of Congress or congressional office in response to an inquiry made on behalf of an individual who is the subject of the record; and (8) to contractors, grantees, experts, consultants, detailees, and other non-Government employees performing or working on a contract, service, or other assignment for the Federal Government, when necessary to accomplish an agency function related to this system of records.