

SEMIANNUAL REPORT OF PAYMENTS ACCEPTED FROM A NON-FEDERAL SOURCE

Form Approval No.: 0416-GSA-SA

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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 DEPARTMENT OR AGENCY

Department of Justice, Federal Bureau of Prisons

REPORTING PERIOD

OCTOBER 1 - MARCH 31 (Year)

APRIL 1 - SEPTEMBER 30 (Year)

NEGATIVE REPORT

EXAMPLES	TRAVELER (Name/Title)	EVENT DESCRIPTION/SPONSOR/DATES	LOCATION AND TRAVEL DATES	BENEFITS ACCEPTED				
				SOURCE	DESCRIPTION	CHECK	IN-KIND	AMOUNT
EXAMPLES	John Smith Secretary	Conference on Asia-Pacific Relations sponsored by Asia-Pacific Forum.	San Francisco, CA 8/11 - 13/93	Asia-Pacific Forum Pacific Rim Assoc.	Hotel	X	X	\$280
					Air Transportation		X	825
	Joyce Smith Spouse of Secretary	Conference on Asia-Pacific Relations sponsored by Asia-Pacific Forum.	San Francisco, CA 8/11 - 13/93	Asia-Pacific Forum Pacific Rim Assoc.	Air Transportation	X	X	\$825
					Meals			120
								120
NAME	Ty Bingham	Correctional Health Care Leadership Institute	Broomfield, OH	Correctional Health Care Institutes	Airfare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$212
					Taxi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$201
TITLE	Regional Chief Pharmacist	Correctional Health Care Institutes	7/18-19/14		Hotel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$290
		DATES:			Conference Registration	<input type="checkbox"/>	<input checked="" type="checkbox"/>	&395
NAME	Michael Tafelski	Federal Criminal Defense Bar Seminar	Cleveland, OH	Federal Public Defender	Hotel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$111
					Airfare	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$841
TITLE	Regional Counsel	Federal Public Defender- Cleveland, OH	8/21-22/14		Meals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$112
		DATES:			<input type="checkbox"/>	<input type="checkbox"/>		
NAME						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
TITLE						<input type="checkbox"/>	<input type="checkbox"/>	
		DATES:				<input type="checkbox"/>	<input type="checkbox"/>	
NAME						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
TITLE						<input type="checkbox"/>	<input type="checkbox"/>	
		DATES:				<input type="checkbox"/>	<input type="checkbox"/>	