### SEMI-ANNUAL REPORT OF PAYMENTS ACCEPTED FROM A NON-FEDERAL SOURCE

**Reporting Department or Agency:** U.S. Embassy

**Traveler Name/Title:**
- **John Smith:** Secretary
- **Joyce Smith:** Spouse of Secretary

<table>
<thead>
<tr>
<th>TRAVELER</th>
<th>EVENT</th>
<th>DESCRIPTION/SPONSOR/DATES</th>
<th>LOCATION AND TRAVEL DATES</th>
<th>SOURCE</th>
<th>BENEFITS ACCEPTED</th>
<th>DESCRIPTION</th>
<th>CHECK</th>
<th>IN-KIND</th>
<th>AMOUNT</th>
</tr>
</thead>
</table>

**Reporting Period:**
- **October 1 - March 31 (Year):**
- **April 1 - September 30 (Year):**

**Amount Authorized for Local Reproduction:**

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*STANDARD FORM 328 (2-98)*

*Prescribed by GSA/OG (41 CFR 301-1)*