



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 in electronic format.
3. Digitally sign and electronically submit the AD-1101, a copy of the invitation (which includes a specific offer to cover travel expenses and an itemized list of expenses, e.g., air fare, hotel, etc.), agenda or other supporting documents, and unsigned draft letter of acceptance (which is signed and sent after travel is approved), via email to your supervisor. A model acceptance letter can be found at: https://www.ethics.usda.gov/docs/forms/SAMPLE_LETTER_OF_ACCEPTANCE.doc.

B. SUPERVISOR RESPONSIBILITIES

1. Review Form AD-1101 for the following:
 - a. The travel expenses will be reimbursed **to the Agency or paid In-kind directly to service providers.**
 - 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) in electronic format.
3. Digitally sign and submit the AD-1101, invitation, agenda or supporting documents, and draft letter of acceptance via email to the proper ethics mission area (in section D below), **at least 15 days prior to expected travel.**

C. APPROVING AGENCY OFFICIAL RESPONSIBILITIES

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

D. ELECTRONICALLY SUBMIT FORM AD-1101 (AND ATTACHMENTS) TO THE PROPER ETHICS MISSION AREA

- **Departmental Administration, Staff Offices, Filers of Public Financial Disclosure Reports and Political Appointees** (Office of the Assistant Secretary for Civil Rights, Departmental Management, Office of Budget and Program Analysis, Office of Communications, Office of Congressional Relations, Office of Advocacy and Outreach, 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, and Office of the Secretary Risk Management Agency), please submit your completed form and materials to: DAEO.ETHICS@USDA.GOV
- **Farm Production and Conservation** employees (FSA, NRCS and RMA), please submit your completed form and materials to: ETHICS-FPC@USDA.GOV
- **Food, Nutrition and Consumer Services** employees (CNPP and FNS), please submit your completed form and materials to: ETHICS-FNCS@USDA.GOV
- **Food Safety** employees (FSIS), please submit your completed form and materials to: ETHICS-FoodSafety@USDA.GOV
- **Marketing and Regulatory Programs** employees (AMS, APHIS and GIPSA), please submit your completed form and materials to: ETHICS-MRP@USDA.GOV
- **Natural Resources and Environment** employees (FS), please submit your completed form and materials to: ETHICS-NRE@USDA.GOV
- **Research, Education and Economics** employees (ARS, ERS, NAL, NASS and NIFA), please submit your completed form and materials to the appropriate Agency ethics provider found at: <https://www.ethics.usda.gov/docs/agency-ethics-contacts.pdf>
- **Rural Development** employees (RD), please submit your completed form and materials to: ETHICS-RD@USDA.GOV
- **Trade and Foreign Agricultural Affairs** employees (FAS), please submit your completed form and materials to: ETHICS-TFAA@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 <https://www.oge.gov/Web/oge.nsf/Travel%20Reports?openview>

PART I: EMPLOYEE INFORMATION

1. Name	2. Position Title	3. Pay Plan-Series/Grade
4. Duty Location (Address)	5. Ethics Provider: (USFS and REE agencies Only [SELECT ONE])	
6. Telephone	7. 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		

PART III: EVENT INFORMATION

1. Kind of Event (select all that apply to traveler's participation):
 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
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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 the non-Federal source and their value in dollars -- (leave blank if not applicable).

Expenses	In-Kind (Value in Dollars)	Paid to Agency (Value in Dollars)
2. List other expenses:		
TOTALS:		

PART V: CONFLICT OF INTEREST ANALYSIS UNDER 41 C.F.R. Section 304-1.5 (Traveler Completes Items 1-5 Below)

1. The identity of other expected participants at the event (Identify by category, e.g., federal employees, university employees, members of the media, politicians, etc.);

2. List any pending or prospective matters (e.g., contracts, collaborations, partnerships, assignments, etc.) at the agency that include or affect this non-federal source. Describe these matters and their potential effect on the non-federal source;

3. Explain the employee's involvement in any such matter specified above;

4. **ANALYSIS:** Would acceptance of the travel expenses from this non-Federal source cause a reasonable person with knowledge of all the facts relevant to a particular case to question the integrity of agency programs or operations? Yes No

Explain your response to the above question:

5. I certify, to the best of my knowledge, that the information provided on this form and all attached documents is true, complete, correct, and complies with the guidelines of 41 CFR Part 304-1, Federal Travel Regulations, Acceptance of Payment from a Non-Federal Source.

Traveler's eSignature

Date

Forward via email: (1) This completed form, (2) a copy of the invitation from the sponsor that includes the offer to pay, (3) agenda provided by the sponsor, and (4) the draft letter of acceptance to your immediate supervisor for review.

PART VI: IMMEDIATE SUPERVISOR'S REVIEW [If the Immediate Supervisor is also the Approving Official 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 eSignature	5. Date	

Please forward via email: (1) this completed form, (2) a copy of invitation that includes the offer to pay, (3) the agenda, and (4) the draft letter of acceptance to the appropriate ethics mission area for review, at least 15 days prior to travel.

PART VII: RECOMMENDATION OF USDA ETHICS OFFICIAL

1. Name of USDA Ethics Official	2. Title of USDA Ethics Official
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- 3. Request as described above complies with the applicable ethical rules and statutes.
- 4. Request as described above *does not comply* with the applicable ethics rules and statutes.

5. Comments or Qualifications on Acceptance

6. Ethics Advisor's eSignature	7. Date
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PART VIII: APPROVING AGENCY OFFICIAL'S DETERMINATION (Select one)

I certify that after reviewing the submitted materials, I, the undersigned *Approving Agency Official* have Approve Disapprove 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:

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.

1. Approving Official's Name	2. Telephone	3. Email Address
4. Approving Official's eSignature	5. Date	

Must return this form after rendering a decision to the appropriate ethics mission area in order to comply with Office of Government Ethics Semi-Annual Reporting Requirements.