

**REQUEST FOR APPROVAL OF TRAVEL THROUGH OUTSIDE SOURCE FUNDING**

Request Number \_\_\_\_\_

I am requesting your approval for acceptance by the Federal Bureau of Prisons of payment of expenses for travel to attend a meeting or similar function related to my official duties. The following information is supplied in support of my request:

- 1. The sponsor of the event  
\_\_\_\_\_
- 2. The name of any organization other than the sponsor offering to pay expenses  
\_\_\_\_\_
- 3. The location of the event  
\_\_\_\_\_
- 4. The date(s) of the event  
\_\_\_\_\_
- 5. The nature of the event  
\_\_\_\_\_
- 6. Your name/title  
\_\_\_\_\_
- 7. The travel dates  
\_\_\_\_\_
- 8. Description and estimated cost of benefits to be provided (i.e., airfare, lodging, meals, conference fee)  
\_\_\_\_\_
- 9. Type of benefits to be paid in kind  
\_\_\_\_\_
- 10. Type of benefits to be paid by a check made out to the Justice Department, Federal Bureau of Prisons, referencing your name  
\_\_\_\_\_
- 11. I am  am not  working on any matter pending before the Department that would affect the interests of the organization paying my expenses.

Submission and Approval/Disapproval

a. Signature of Employee	Date
b. Signature of Your Immediate Supervisor	Date
c. <input type="checkbox"/> <input type="checkbox"/> Warden/Chief Executive Officer	Date
d. <input type="checkbox"/> <input type="checkbox"/> Regional Director	Date

After conducting a conflict of interest analysis, I recommend that the request to accept travel be approved.

e. Signature of Ethics Officer	Date
c. <input type="checkbox"/> <input type="checkbox"/> General Counsel	Date
d. <input type="checkbox"/> <input type="checkbox"/> Director	Date

After receiving payment for your travel expenses, please provide the following information and return a copy of the entire form to your ethics official. (You should now report exact amounts although you may provide the approximate cost of meals if the exact cost is not easily available.)

Type of Benefit Received	Cost	Accepted in Kind or by Check Payable to DOJ
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____