



ADVANCE REVIEW OF OFFER TO DONATE SUPPORT FOR OFFICIAL TRAVEL

NOTE: This VA Form 0893 is to be used to accept a gift of travel under 31 U.S.C. §1353 or 5 U.S.C. §4111 and does NOT replace travel authorization documents. USE THIS FORM IN CONJUNCTION WITH THE CURRENT OFFICIAL DUTY VA TRAVEL MANAGEMENT SYSTEM. This form is not necessary for travel in personal capacity or when pursuant to a contract.

INSTRUCTIONS: Please complete and have office head sign on page 2. Forward to Assistant General Counsel (023)(VACO), Regional Counsel (field), or OGC Deputy Ethics Official. They will review and return form to you. You must then provide form to one of the officials with gift acceptance authority listed on the bottom of page 2. Upon completion of your travel, this form (with all necessary signatures) must be included with your claim for reimbursement of travel expenses (travel voucher). Faxing a copy of this form to the current VA travel management system is acceptable.

INFORMATION ABOUT VA EMPLOYEE (Traveler)

Form section for VA Employee information including Name, Position Title, E-mail Address, Phone Number, Administration/Office, and Duty Station.

INFORMATION ABOUT DONOR AND/OR HOST ORGANIZATION

Form section for Donor and/or Host Organization information including Name of Organization, Point of Contact, and Phone Numbers.

INFORMATION ABOUT MEETING OR EVENT SPONSORED BY (DONOR) HOST ORGANIZATION

Form section for Meeting or Event information including Full Name, Address, Start/End Dates, and Travel Dates.

PURPOSE OF EVENT section with numbered list for event details.

OTHER ENTITIES ATTENDING OR PARTICIPATING and ROLE OF EMPLOYEE-TRAVELER section.

DID DONOR OFFER TO PAY SIMILAR AMOUNTS FOR OTHER ATTENDEES SIMILARLY SITUATED section with YES/NO checkboxes.

IS FEDERAL GOVERNMENT PAYING FOR ANY PORTION OF LODGING/MEALS? section with YES/NO checkboxes.

INSTRUCTIONS: Fill out dollar amount and appropriate Gift Code for each applicable category. Include amounts for spouse if donor has offered to support spouse travel. If accepting gift for spouse travel, supervisor must confirm that acceptance complies with 41 C.F.R. 304-3.14.

Table for expense tracking with columns for GIFT CODE, NO. OF NIGHTS, COST PER NIGHT, and various categories like LODGING, MEALS, TRAVEL FARES, GROUND TRANSPORTATION, EVENT FEES, and OTHER EXPENSES.

GIFT CODE KEY

- 1 - In-Kind - e.g. donor provides airline ticket
2 - Check/other monetary instrument payable to VA
3 - Check/other monetary instrument payable to employee*
4 - Cash to employee*

GRAND TOTAL

*VA employees may only receive cash or check payable to employee if donor is a tax-exempt 501(c)(3) corporation. Note that not every non-profit corporation is classified as a 501(c)(3).

**GSA per diem rates for CONUS travel, DoD per diem rates for OCONUS travel, Department of State per diem rates for foreign travel.

IS THE DONOR A TAX-EXEMPT 501(c)(3) CORPORATION?		
<input type="checkbox"/> NO <input type="checkbox"/> YES		
DID YOU RENDER SERVICE TO THE 501(c)(3) DONOR PRIOR TO THIS TRAVEL? <i>(This includes serving on University Staff in any capacity.)</i>		
<input type="checkbox"/> NO <input type="checkbox"/> YES <i>(If yes, provide details in REMARKS sections below.)</i>		
TO YOUR KNOWLEDGE, ARE THERE ANY PENDING CONTRACTS, PROPOSALS, REQUESTS FOR PROPOSALS, AFFILIATION AGREEMENTS, OR OTHER DECISIONS OR MATTERS INVOLVING VA AND DONOR?		
<input type="checkbox"/> NO <input type="checkbox"/> YES <i>(If "YES", describe the pending matter in the REMARKS section below.)</i>		
DOES VA EMPLOYEE HAVE A ROLE IN VA ACTION ON ANY OF THE PENDING MATTERS?		
<input type="checkbox"/> NO <input type="checkbox"/> YES <i>(If "YES," describe the VA Employee's role in the REMARKS section below.)</i>		
REMARKS		
CERTIFICATION: I certify that I am traveling in official duty status and representing the Department of Veterans Affairs. I certify that the answers above are truthful and correct. I further certify that if I directly receive a cash or check payment from the donor, I will use these funds only for the listed travel expenses and I will refund any unused portion of these funds to the donor.	SIGNATURE OF EMPLOYEE <i>(Traveler)</i>	DATE SIGNED
CERTIFICATION OF HEAD OF EMPLOYEE-TRAVELER'S OFFICE		
CERTIFICATION: I certify that the employee has authorized official travel orders, and that the travel is in furtherance of the Agency's mission. I have determined that the requested lodging and meal rates are equal to or below GSA, DoD, or Department of State approved per diem rates. If rates are between 101% and 300% of GSA rates for domestic travel, I have determined that: 1) the non-federal source(s) is paying the full amount of the travel; 2) the amount is comparable to the value offered to or purchased by other attendees; and 3) acceptance of payment will be approved prior to travel. To the best of my knowledge, I believe that the answers above are truthful and correct.	SIGNATURE OF REQUESTING OFFICE HEAD OR NEXT HIGHER OFFICIAL IF REQUESTING HEAD IS TRAVELER <i>(Print name and title)</i>	DATE SIGNED
GENERAL COUNSEL REVIEW		
REVIEW FINDINGS: Program is responsible for compliance with VA conference policy. OGC review is limited to gift acceptance. Traveler must be on official duty and have a travel authorization. Authorized Absence (AA) for domestic travel is not official duty. Based upon facts above, VA could lawfully determine that accepting the gift of travel would be proper.	SIGNATURE OF ASSISTANT GENERAL COUNSEL (023) OR REGIONAL COUNSEL OR OTHER OGC DEPUTY ETHICS OFFICIAL	DATE SIGNED
ACCEPTANCE OF GIFT BY AUTHORIZED OFFICIAL		
I approve acceptance of the gift of travel support based on the facts provided above. I determine that the employee is attending this event in official duty capacity , that the travel is in furtherance of the Agency's mission, and that the gift is not a reward for services to the donor prior to the event. I further determine that acceptance of the offered travel support would not cause a reasonable person with knowledge of all the relevant facts to question the integrity of VA's programs, operations, or employee's. I have considered any impact the performance or nonperformance of the traveling employees official duties might have on the donor.		
LIST OF OFFICIALS AUTHORIZED TO MAKE DETERMINATION Secretary; Deputy Secretary, VA COS, VA Deputy COS, Under Secretary, Deputy Under Secretary, Assistant Deputy Under Secretary, Executive Assistant to the Under Secretary, Assistant Secretary, Deputy Assistant Secretary, Key Central Office Official and Deputy; VISN Director and Deputy Director, VBA Area Director and Deputy Director, Regional Counsel, NCA Memorial Service Network Director and Deputy Director, Field Facility Director and their Associate and Assistant Directors (and Medical Center COS if authorized by Medical Center Director).	SIGNATURE OF APPROVING OFFICIAL <i>(Print name and title)</i>	DATE SIGNED
THIS COMPLETED FORM ALONG WITH TRAVEL VOUCHER MUST BE FAXED TO CURRENT VA TRAVEL MANAGEMENT SYSTEM AFTER TRAVEL IS COMPLETED.		