(OGE-Approved Alternative for SF-326)

February 2011

	1353 Tr	avel Report for DEPARTM		AFFAIRS, VETERAN , 2020 - September		ION for the rep		d of	
	SEMIAN	PAGE 1	OF PAGES	<b>YEAR</b> 2020					
	VE	ARTMENT OF VET TERANS HEALTH A Contact: Gary McWilsor	REPORTING PERIOD: April 1, 2020 - September 30, 2020						
No.	TRAVELER	EVENT DESCRIPTION & EVENT SPONSOR	EVENT DATE(S) [MM/DD/YYYY- MM/DD/YYYY]:	LOCATION AND TRAVEL DATE(S) [MM/DD/YYYY- MM/DD/YYYY]	BENEFIT SOURCE	BENEFIT DESCRIPTION	PAYMENT BY CHECK	PAYMENT IN-KIND	TOTAL AMOUNT
	TRAVELER NAME	EVENT DESCRIPTION	BEGINNING DATE [MM/DD/YYYY]	LOCATION	BENEFIT SOURCE				
1	Kendra Christine Pollard	Accreditation Council on Optometry Education Meeting	4/6/2020	Lebanon, PA		Hotel		х	\$ 300.00
	TRAVELER TITLE	EVENT SPONSOR	ENDING DATE [MM/DD/YYYY]	TRAVEL DATE(S)	Lebanon VA Medical Center	Air Transportation		Х	\$ 700.00
	Optometrist	Lebanon VA Medical Center	4/6/2020	04/05/2020- 04/07/2020		Meals Other		Х	\$ 100.00
	TRAVELER NAME	EVENT DESCRIPTION	BEGINNING DATE [MM/DD/YYYY]	LOCATION	BENEFIT SOURCE				
2	Paul Edgar Holtzheimer	Society of Biological Psychiatry Council Meeting and Annual Meeting	4/28/2020	New York, NY		Hotel		х	\$ 578.00
-	TRAVELER TITLE	EVENT SPONSOR	ENDING DATE [MM/DD/YYYY]	TRAVEL DATE(S)	Society of Biological Psychiatry	Air Transportation			
3	Physician	Society of Biological Psychiatry	5/3/2020	04/28/2020- 05/03/2020		Meals Other		X	\$ 92.26
	TRAVELER NAME	EVENT DESCRIPTION	BEGINNING DATE [MM/DD/YYYY]	LOCATION	BENEFIT SOURCE				
	Abbe Johnson	Rise 2020 Virtual Conference	5/26/2020	Louisville, KY		Hotel			
	TRAVELER TITLE	EVENT SPONSOR	ENDING DATE [MM/DD/YYYY]	TRAVEL DATE(S)	National Association of Drug Court Professionals	Air Transportation			
	Social Worker	National Association of Drug Court Professionals	5/29/2020	05/26/2020- 05/29/2020		Meals Other		Х	\$ 450.00

	SEMIA	PAGE	OF PAGES	<b>YEAR</b> 2020					
	VE	ARTMENT OF VET TERANS HEALTH A Contact: Gary McWilsor	REPORTING PERIOD: April 1, 2020 - September 30, 2020						
No.	TRAVELER	EVENT DESCRIPTION & EVENT SPONSOR	EVENT DATE(S) [MM/DD/YYYY- MM/DD/YYYY]:	LOCATION AND TRAVEL DATE(S) [MM/DD/YYYY- MM/DD/YYYY]	BENEFIT SOURCE	BENEFIT DESCRIPTION	PAYMENT BY CHECK	PAYMENT IN-KIND	TOTAL AMOUNT
4	TRAVELER NAME	EVENT DESCRIPTION	BEGINNING DATE [MM/DD/YYYY]	LOCATION	BENEFIT SOURCE				
	William R. Klinger	Higher Ground Fly Fishing Excursion	7/13/2020	Hayspur, ID		Hotel		х	\$ 556.00
	TRAVELER TITLE	EVENT SPONSOR	ENDING DATE [MM/DD/YYYY]	TRAVEL DATE(S)	Higher Ground	Air Transportation			
	Recreation Therapist	Higher Ground	7/17/2020	7/13/2020 - 7/17/2020		Meals Other		Х	\$ 330.00
	TRAVELER NAME	EVENT DESCRIPTION	BEGINNING DATE [MM/DD/YYYY]	LOCATION	BENEFIT SOURCE				
	Curtis A. Ivins	Higher Ground	9/8/2020	Ketchum, ID		Hotel		Х	\$ 417.00
5	TRAVELER TITLE	EVENT SPONSOR	ENDING DATE [MM/DD/YYYY]	TRAVEL DATE(S)	Higher Ground Sun Valley	Air Transportation			
	Rehabilitation Manager	Higher Ground Sun Valley	9/11/2020	09/08/2020- 09/11/2020		Meals Other		X	\$ 200.00
6	TRAVELER NAME	EVENT DESCRIPTION	BEGINNING DATE [MM/DD/YYYY]	LOCATION	BENEFIT SOURCE			<u> </u>	
	William R. Klinger	Recovery Through Recreation	9/8/2020	Ketchum, ID		Hotel		х	\$ 417.00
	TRAVELER TITLE	EVENT SPONSOR	ENDING DATE [MM/DD/YYYY]	TRAVEL DATE(S)	Higher Ground	Air Transportation			
	Rehabilitation Manager	Higher Ground Sun Valley	9/11/2020	09/08/2020- 09/11/2020		Meals Other		X	\$ 200.00

**TOTAL** \$ 4,340.26

(OGE-Approved Alternative for SF-326)

February 2011

## 1353 Travel Report for DEPARTMENT OF VETERANS AFFAIRS, VETERANS BENEFITS ADMINISTRATION for the reporting period of April 1, 2020 - September 30, 2020 PAGE **OF PAGES** YEAR SEMIANNUAL REPORT OF PAYMENTS ACCEPTED FROM A NON-FEDERAL SOURCE 1 1 2020 **DEPARTMENT OF VETERANS AFFAIRS REPORTING PERIOD: Negative Reply** VETERANS BENEFITS ADMINISTRATION April 1, 2020 - September 30, 2020 Agency Contact: Gary McWilson, gary.mcwilson@va.gov LOCATION AND EVENT DATE(S) TRAVEL DATE(S) **EVENT DESCRIPTION &** BENEFIT PAYMENT PAYMENT TRAVELER [MM/DD/YYYY-**BENEFIT SOURCE** TOTAL AMOUNT BY CHECK IN-KIND EVENT SPONSOR [MM/DD/YYYY-DESCRIPTION MM/DD/YYYY]: MM/DD/YYYY] No. **BEGINNING DATE** BENEFIT SOURCE LOCATION TRAVELER NAME **EVENT DESCRIPTION** [MM/DD/YYYY] Hotel 1 ENDING DATE Air TRAVEL DATE(S) TRAVELER TITLE **EVENT SPONSOR** [MM/DD/YYYY] Transportation Meals Other

(OGE-Approved Alternative for SF-326) February 2011

	1353 Travel Report for DEPARTMENT OF VETERANS AFFAIRS, NATIONAL CEMETERY ADMINISTRATION for the reporting period of April 1, 2020 - September 30, 2020										
	SEMIANNUAL REPORT OF PAYMENTS ACCEPTED FROM A NON-FEDERAL SOURCE							OF PAGES	YEAR		
	NA	TIONAL CEMETER	Y ADMINISTRATIC	ERANS AFFAIRS ADMINISTRATION n, gary.mcwilson@va.gov		REPORTING PERIOD: April 1, 2020 - September 30, 2020		Negative Reply			
No.	TRAVELER	EVENT DESCRIPTION & EVENT SPONSOR	EVENT DATE(S) [MM/DD/YYYY- MM/DD/YYYY]:	LOCATION AND TRAVEL DATE(S) [MM/DD/YYYY- MM/DD/YYYY]	BENEFIT SOURCE	BENEFIT DESCRIPTION	PAYMENT BY CHECK	PAYMENT IN-KIND	TOTAL AMOUNT		
	TRAVELER NAME	EVENT DESCRIPTION	BEGINNING DATE [MM/DD/YYY]	LOCATION	BENEFIT SOURCE						
						Hotel					
1	TRAVELER TITLE	EVENT SPONSOR	ENDING DATE [MM/DD/YYYY]	TRAVEL DATE(S)		Air Transportation					
						Meals					
						Other					

(OGE-Approved Alternative for SF-326)

February 2011

## 1353 Travel Report for DEPARTMENT OF VETERANS AFFAIRS, OFFICE OF INFORMATION & TECHNOLOGY for the reporting period of April 1, 2020 - September 30, 2020 PAGE OF PAGES YEAR SEMIANNUAL REPORT OF PAYMENTS ACCEPTED FROM A NON-FEDERAL SOURCE 1 2020 1 **DEPARTMENT OF VETERANS AFFAIRS REPORTING PERIOD: Negative Reply OFFICE OF INFORMATION & TECHNOLOGY** April 1, 2020 - September 30, 2020 Agency Contact: Gary McWilson, gary.mcwilson@va.gov LOCATION AND EVENT DATE(S) **EVENT DESCRIPTION &** TRAVEL DATE(S) BENEFIT PAYMENT PAYMENT IMM/DD/YYYY-TRAVELER TOTAL AMOUNT BENEFIT SOURCE DESCRIPTION **BY CHECK** IN-KIND EVENT SPONSOR [MM/DD/YYYY-MM/DD/YYYY]: MM/DD/YYYY] **BEGINNING DATE** LOCATION **BENEFIT SOURCE** TRAVELER NAME EVENT DESCRIPTION [MM/DD/YYYY] Hotel ENDING DATE Air TRAVEL DATE(S) TRAVELER TITLE EVENT SPONSOR [MM/DD/YYYY] Transportation Meals Other

No.

1

(OGE-Approved Alternative for SF-326)

February 2011

## 1353 Travel Report for DEPARTMENT OF VETERANS AFFAIRS, CENTRAL OFFICE for the reporting period of April 1, 2020 - September 30, 2020

SEMIANNUAL REPORT OF PAYMENTS ACCEPTED FROM A NON-FEDERAL SOURCE	PAGE
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		ARTMENT OF V VA CENTR/ / Contact: Gary McWi	REPORTING PERIOD: April 1, 2020 - September 30, 2020			Negative Reply			
No.	TRAVELER EVENT DESCRIPTION & EVENT DATE(S) EVENT SPONSOR [MM/DD/YYYY- MM/DD/YYYY]:		[MM/DD/YYYY-	LOCATION AND TRAVEL DATE(S) [MM/DD/YYYY- MM/DD/YYYY]	BENEFIT SOURCE	BENEFIT DESCRIPTION	PAYMENT BY CHECK	PAYMENT IN-KIND	TOTAL AMOUNT
	TRAVELER NAME	EVENT DESCRIPTION	BEGINNING DATE [MM/DD/YYYY]	LOCATION	BENEFIT SOURCE				
						Hotel			
1						Air Transportation			
						Meals			
						Other			

TOTAL \$