SEMIANNUAL REPORT OF PAYMENTS ACCEPTED FROM A NON-FEDERAL SOURCE

Form Approval.: **0416-GSA-SA**

This report implements 31 U.S.C. 1353. It does not supersede other reports that may have to be filled when travel expenses are accepted under other authority. For definition and policies, see 41 CFR part 304-1.

REPORTING DEPARTMENT OR AGENCY

Office of the Staff Judge Advocate, U.S. Army Training Center & Fort Jackson, Fort Jackson, SC 29207

REPORTING PERIOD

OCTOBER 1 - MARCH 31 *(Year)*

APRIL 1 - SEPTEMBER 30 *(Year)* 2019

NEGATIVE REPORT N/A

	TRAVELER *(Name/Title)*	EVENT DESCRIPTION/SPONSOR/ DATES	LOCATION AND TRAVEL DATES	BENEFITS ACCEPTED SOURCE	DESCRIPTION	CHECK	IN-KIND	AMOUNT
EXAMPLES	John Smith Secretary	Conference on Asia-Pacific Relations sponsored by Asia-Pacific Forum.	San Francisco, CA 8/11-13/93	Asia-Pacific Forum Pacific Rim Assoc.	Hotel Air Transportation Meals	X	X X	$280 825 120
EXAMPLES	Joyce Smith Spouse of Secretary	Conference on Asia-Pacific Relations sponsored by Asia-Pacific Forum.	San Francisco, CA 8/11-13/93	Asia-Pacific Forum Pacific Rim Assoc.	Air Transportation Meals	X	X	$825 120
	NAME Carmela Rentas TITLE CYS Facility Director, DFMWR	DESCRIPTION Military Leadership Institute SPONSOR Boys and Girls Club of America DATES: 30 April - 3 May 2019	LOCATION Houston, TX DATES 4/29-5/3 2019	Boys and Girls Club of America	Hotel		X	1,036.00
					Air Transportation		X	616.00
					Meals		X	141.00
	NAME SPC Billie Njoh TITLE Biomedical Equipment Specialist	DESCRIPTION Planmeca USA Dental X-Ray Equipment Service Training SPONSOR Planmeca USA, Inc. DATES: 16-19 April 2019	LOCATION Roselle, IL DATES 7/15-19 2019	Planmeca USA, Inc.	Hotel		X	561.52
					Taxi		X	73.00
					Shuttle		X	31.67
					Meals		X	227.64
	NAME Ernest Sinkler TITLE Electronics Technician (Biomedical)	DESCRIPTION Planmeca USA Dental X-Ray Equipment Service Training SPONSOR Planmeca USA, Inc. DATES: 16-19 September 2019	LOCATION Roselle, IL DATES 9/15-19 2019	Planmeca USA, Inc.	Hotel		X	492.80
					Shuttle		X	31.67
					Meals		X	207.92
	NAME TITLE	DESCRIPTION SPONSOR DATES:	LOCATION DATES					

AUTHORIZED FOR LOCAL REPRODUCTION

STANDARD FORM 326 (2-98)
Prescribed by GSA/OGE (41 CFR 301-1)

TRAVELER *(Name/Title)*	EVENT DESCRIPTION/SPONSOR/DATES	LOCATION AND TRAVEL DATES	BENEFITS ACCEPTED				
			SOURCE	DESCRIPTION	CHECK	IN-KIND	AMOUNT
NAME	DESCRIPTION	LOCATION					
TITLE	SPONSOR	DATES					
	DATES:						
NAME	DESCRIPTION	LOCATION					
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NAME	DESCRIPTION	LOCATION					
TITLE	SPONSOR	DATES					
	DATES:						