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: U.S. Army Aviation and Missile Command (AMCOM)

REPORTING PERIOD: OCTOBER 1 - MARCH 31 *(Year)* X | APRIL 1 - SEPTEMBER 10 *(Year)* | NEGATIVE REPORT

	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: CSM George Dove TITLE: AMCOM Command Sergeant Major	DESCRIPTION: Association of the United States Army-Annual Meeting SPONSOR: AUSA DATES: 8-10 Oct 18	LOCATION: Washington, DC DATES: 8-10 Oct 18	Association of the United States Army	Hotel		X	908.00
					MI&E		X	315.75
					Airfare		X	937.82
	NAME: Mr. John Mayes TITLE: ACC-RSA Acting PARC	DESCRIPTION: Association of the United States Army-Annual Meeting SPONSOR: AUSA DATES: 8-10 Oct 18	LOCATION: Washington, DC DATES: 8-10 Oct 18	Association of the United States Army	Hotel		X	852.78
					MI&E		X	266.00
					Airfare		X	889.57
	NAME: COL Gail Atkins TITLE: Commander CCAD	DESCRIPTION: Association of the United States Army-Annual Meeting SPONSOR: AUSA DATES: 8-10 Oct 18	LOCATION: Washington, DC DATES: 8-10 Oct 18	Association of the United States Army	Hotel		X	606.00
					MI&E		X	266.00
					Airfare		X	528.60
	NAME: Don Nitti TITLE: Executive Director AMCOM Logistics Center	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					
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