____ *Original* ____ *Amendment*

U.S. House of Representatives
110th Congress

EMPLOYEE
POST-TRAVEL DISCLOSURE FORM

This form is for disclosing the receipt of travel expenses from private sources for meetings, speaking engagements, fact-finding trips or similar events in connection with official duties. You need not disclose government-funded or political travel on this form, or travel that is unrelated to official duties. This form does not eliminate the need to report all privately-funded travel on the annual Financial Disclosure Statements of those persons required to file them. In accordance with clause 5 of House Rule 25, complete this form and file it with the Clerk of the House of Representatives, B-106 Cannon House Office Building, within **15 days** after travel is completed. The Clerk is to make these forms publicly available as soon as possible after they are received. *Obtain the dollar amounts from the sponsor; if exact dollar amounts are unavailable, provide a good faith estimate.*

Name of Employee (print or type): _____

Name of Accompanying Family Member (if any): _____

Relationship to Employee: ___ Spouse ___ Child ___ Other (specify): _____

Date of Departure and Date of Return: _____

Dates at Personal Expense: _____

Itinerary (cities of departure – destination – return): _____

_____

Sponsor(s) (who paid for the trip): _____

_____

Describe meetings and events attended (attach additional pages if necessary): _____

_____

_____

Attached to this form are EACH of the following (*signify "yes" for each item by checking the corresponding box*):

1. ☐ the Private Sponsor Travel Certification Form completed by trip sponsor, including all attachments;
2. ☐ the Privately-Sponsored Travel Approval Form completed by the employee; ***and***
3. ☐ the Committee on Standards' letter approving my participation on this trip.

I represent that I participated in each of the activities reflected in the sponsor's agenda (*signify "yes" by checking box*): ☐

If not, explain: _____

_____

TRAVEL EXPENSES:

	Total Transportation Expenses	Total Lodging Expenses	Total Meal Expenses
For employee:			
For accompanying family member:			

	Other Expenses (dollar amount)	Specific Nature of Expenses (*e.g.*, taxi, parking, registration fee, etc.)
For employee:		
For accompanying family member:		

I certify that the information contained in this form is true, complete, and correct to the best of my knowledge.

SIGNATURE OF EMPLOYEE: _____

DATE: _____

I authorized this travel in advance. I have determined that all of the expenses listed above were necessary and that the travel was in connection with the employee's official duties and would not create the appearance that the employee is using public office for private gain.

NAME OF SUPERVISING MEMBER: _____

SIGNATURE OF SUPERVISING MEMBER: _____

DATE: _____

Version date 4/2007 by Committee on Standards of Official Conduct