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 undertaken in connection with 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 House Rule 25, clause 5, 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 the second page of this form publicly available as soon as possible after it is filed.

Name of Traveler (print or type):

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

SIGNATURE OF TRAVELER:

DATE:

I authorized this travel in advance. I have determined that all of the expenses listed on this form 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 9/2008 by Committee on Standards of Official Conduct

Original	Amendment

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1.	Name of Traveler	(print or type):				
2.	a. Name of Acco	mpanying Family Member	(if any):			
	b. Relationship to	o Employee: Spouse	ChildOther (specify	<i>'</i>):		
3.	a. Date of Departure and Date of Return:					
	b. Dates at perso	nal expense (if any):				
4. Itinerary (cities of departure – destination – return):						
5.						
6.	Describe meetings and events attended (attach additional pages if necessary):					
7.	corresponding bo	x): te Sponsor Travel Certific	owing (<i>signify that each item</i> cation Form completed by the			
		eler Form completed by the	employee; and			
	c. \Box the Comm	nittee on Standards' letter	approving my participation on	this trip.		
8.	 a. I represent that I participated in each of the activities reflected in the sponsor's agenda. (Signify that statement is true by checking box): b. If not, explain:					
9.			ar amounts from the sponsor. th estimate and file an amended			
		Total Transportation Expenses	Total Lodging Expenses	Total Meal Expenses		
Fo	or employee:					
	or accompanying mily member:					

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