

EMPLOYEE POST-TRAVEL DISCLOSURE FORM Original Amendment

This form is for disclosing the receipt of travel expenses from private sources for travel taken in connection with official duties. This form does not eliminate the need to report privately-funded travel on the annual *Financial Disclosure Statements* of those employees required to file them. In accordance with House Rule 25, clause 5, you must complete this form and *file it with the Clerk of the House by email at gifttravelreports@mail.house.gov*, within 15 days after travel is completed. Please *do not* file this form with the Committee on Ethics.

NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001.

1.	Name of Traveler:			
2.	a. Name of Accompanying Relative:			
	b. Relationship to Traveler: \square Spouse	☐ Child ☐ Other (specify):		
3.	a. Dates: Departure:	Return:		
	b. Dates at Personal Expense, if any:			R None
4.	Departure City:	Destination:	Return City:	
5.	Sponsor(s), Who Paid for the Trip:			
6.	Describe Meetings and Events Attended:			
7.	Attached to this form are <i>each</i> of the following, <i>signify that each item is attached by checking the corresponding box</i> :			
	a. a completed Sponsor Post-Travel Disclosure Form;			
	b. the <i>Primary Trip Sponsor Form</i> completed by the trip sponsor <i>prior</i> to the trip, <i>including all</i> attachments <i>and</i> the <i>Additional Sponsor Form(s)</i> ;			
	c. page 2 of the completed <i>Traveler For</i>	m submitted by the employee; ar	ud	
	d. the letter from the Committee on Ethics approving my participation on this trip.			
8.	a. I represent that I participated in each is true by checking the box.	n of the activities reflected in the	attached sponsor's agenda. Si	gnify statement
	b. If not, explain:			
Ιc	certify that the information contained on t	this form is true, complete, and	correct to the best of my kn	owledge.
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SI	gnature of Traveler:		Date:	
Di	authorized this travel in advance. I have determisclosure Form were necessary and that the treate the appearance that the employee is using	ravel was in connection with the		
Na	ame of Supervising Member:		_ Date:	
Sig	gnature of Supervising Member:			