



AUTHORIZATION FOR ACCEPTANCE OF TRAVEL EXPENSES FROM NON-FEDERAL SOURCES

Please read the DI-2000 Instructions and complete Parts I through V below before submitting this form to your ethics official.
Questions? Please consult the DI-2000 Frequently Asked Questions (FAQs) at: www.doi.gov/ethics.

Part I: Employee/Invitee's Information

**required fields*

1. Employee/Invitee's Full Name:*	2. Employee/Invitee's Official Title:*
3. Employee/Invitee's Email Address:*	4. Employee/Invitee's Telephone Number:*
5. Employee/Invitee's Bureau/Office:*	6. Employee/Invitee's Duty Location (City and State) :*
7. Employee/Invitee's Supervisor's Full Name:*	8. Employee/Invitee's Supervisor's Contact Information:*
9. If you are completing this form for another employee/invitee, please provide your full name and contact information.	

Part II: Event Information

**required fields*

Please provide a copy of the invitation and any other information about the event, including the agenda, contact person, and/or website.

10. Title of the Event:*	11. Location (City and State) :*
12. Sponsor(s) of the event (person, company, or entity putting on the event) :*	
13. Travel Start Date:*	14. Travel End Date:*
15. Event Start Date:*	16. Event End Date:*
17. Will you be a speaker, panelist, or presenter at the event*? <input type="radio"/> Yes <input type="radio"/> No If yes, please describe:*	
18. Purpose of the event (state why the event is being held) :*	
19. Describe the people expected to be in attendance (e.g., Federal, state, and local officials; industry members; etc.) :*	

20. Describe how the event is related to your official duties:*

Part III: Donor Information

**required fields*

21. Donor(s) of travel expenses:*

Type of travel expenses offered. Check all that apply. Detailed information to be provided in Part IV.

	Expenses Offered	Donor(s) Providing Travel Expenses
<input type="radio"/>	Registration Fee	
<input type="radio"/>	Transportation	
<input type="radio"/>	Lodging	
<input type="radio"/>	Meals	
<input type="radio"/>	Other (please describe)	

22. If known, please indicate whether these travel expenses are offered to other attendees at the event:

23. If you are aware of any matters that the donor(s) has/have before your Bureau/Office and/or the Department, please describe:

24. Describe any special circumstances that may cause concern with acceptance of travel expenses from the donor(s):

Part IV: Travel Expenses Information

**required fields*

25. Reporting

The Department must submit to the U.S. Office of Government Ethics (OGE) a public semiannual report of all travel expenses accepted from non-Federal sources.

- *Please provide the exact amounts of travel expenses offered by the donor(s) in the chart on the next page.*
- *Please note that you must NEVER personally accept payment, such as a check or cash, from the donor(s).*
- *If exact amounts are not available, please provide a good faith estimate; however, if estimates are given, provide the ethics official with updated information within 15 days of returning from travel.*

Registration Fee*	Total value: \$ <input type="radio"/> Partial fee <input type="radio"/> Entire fee	<input type="radio"/> In-Kind OR <input type="radio"/> Payment to the Department	Donor:
Transportation*	Total value: \$ Air transportation: Ground transportation: Other:	<input type="radio"/> In-Kind OR <input type="radio"/> Payment to the Department	Donor:
Lodging*	Total value: \$ Number of nights:	<input type="radio"/> In-Kind OR <input type="radio"/> Payment to the Department	Donor:
Meals*	Total value: \$ Number of breakfasts: Number of lunches: Number of dinners:	<input type="radio"/> In-Kind OR <input type="radio"/> Payment to the Department	Donor:
Other (please describe)*	Total value: \$	<input type="radio"/> In-Kind OR <input type="radio"/> Payment to the Department	Donor:

26. Other information (i.e., invitation extended to spouse):

Part V: Employee/Invitee's Signature *required fields

27. Employee/Invitee's Certification

By signing below, I affirm that the information above is true, complete, and correct to the best of my knowledge. I confirm that I did not solicit the offer(s) of travel expenses. I understand that I must provide an ethics official with exact amounts of travel expenses accepted, if different than those reported above, within 15 days of my return from any approved travel.

28. Signature:*

29. Date:*

Part VI: For the Ethics Official *required fields

30. Ethics Official Review

I have reviewed the information about the event and provided written ethics guidance to the employee/invitee on the date specified below. If there are questions about the ethics guidance, I may be contacted at the telephone number or email address below.

31. Full Name:*

32. Title:*

33. Telephone Number:*

34. Email Address:*

35. Date Ethics Guidance Provided to Employee/Invitee:*

36. Signature:*

37. Date:*

Part VII: For the Approving Official

**required fields*

38. Determination by Official with Authority to Approve Travel Authorization

In reaching this determination, I affirm that I have reviewed the information on this form, the ethics guidance provided, and have independently considered whether acceptance of the travel expenses under the circumstances would cause a reasonable person with knowledge of all the facts relevant to a particular case to question the integrity of the work performed by the employee/invitee or agency programs or operations. Further, I hereby:

APPROVE DISAPPROVE *the acceptance of travel expenses on behalf of the Bureau/Office from a non-Federal source for the employee/invitee to attend this meeting or similar function as part of the employee/invitee's official duties.*

39. Full Name:*

40. Signature:*

41. Date:*

This information is collected under 5 U.S.C. App., Ethics in Government Act of 1978; Ethics Reform Act of 1989 (Pub. L. 101-194), as amended; E.O. 12674, as modified; 43 C.F.R. § 20.302(a); and 31 U.S.C. § 1353, for the purpose of administering the DOI Ethics Program and assuring compliance with ethics laws and regulations. Information will be used to determine any actual or apparent conflict of interest during review of travel authorizations for acceptance of travel expenses from a non-federal source. Information may be disclosed to the U.S. Office of Government Ethics (OGE) to report all travel expenses accepted from non-federal sources; to a source when necessary and relevant to a conflict-of-interest investigation or determination; or to an agency or organization as authorized under the Privacy Act or a published routine use outlined in OGE/GOVT-1, Executive Branch Personnel Public Financial Disclosure Reports and Other Name-Retrieved Ethics Program Records, 84 FR 47303 (Nov. 8, 2019), which may be viewed at <https://www.federalregister.gov/documents/2019/09/09/2019-19372/privacy-act-of-1974-systems-of-records>. Disclosure is voluntary, however, not providing information may delay or result in denial of the employee/invitee's request to accept travel expenses from a non-Federal source.