

Trip Name:

Organization Information

Organization Name:

Is your organization classified as a §501(c)(3)?

Yes No

If Yes, §501(c)(3) Organization Type:

Private Foundation Public Charity

Address:

City, State, Zip:

Phone Number:

Organization URL:

History of Congressional Travel

Describe your organization's history of sponsoring congressional travel.

Educational Activities

Describe the educational activities performed by your organization other than sponsoring congressional travel.

Lobbyist and Foreign Agent Registration Information

Lobbyist Registration Status (Select one):

- I certify that the sponsor is not a federally registered lobbyist and does not retain or employ a federally registered lobbyist.
- I certify that the sponsor is not a federally registered lobbyist but does retain or employ one or more federally registered lobbyists.

Foreign Agent Registration Status (Select one):

- I certify that the sponsor is not an agent of a foreign principal and does not retain or employ an agent of a foreign principal.
- I certify that the sponsor is not an agent of a foreign principal but does retain or employ one or more agents of a foreign principal.

Foreign Government Involvement

Foreign Agent Registration Status (Must select all):

- I certify that the sponsor is not a foreign government.
- I certify that the sponsor is not an entity that is owned or operated by a foreign government.
- I certify that the sponsor does not receive funding from a foreign government.

Purpose and Details

Provide a brief description of the trip.

Explain how the purpose of the trip relates to your organization's mission.

Is your organization the only sponsor for this trip?

Yes No

If No, describe your organization's role in planning the trip.

If there are multiple sponsors, each sponsor must submit Organization Information (Page 1 of the Private Sponsor Travel Certification Form) and a Signature Page Form.

Grantmaking Organizations (Optional)

If you have a Grantmaking Organization, you must attach a Grantmaking Organization Certification Form.

1.

2.

3.

With or Without Regard to Congressional Participation (Select one):

- The trip is arranged or organized without regard to congressional participation.
- The trip is arranged or organized with regard to congressional participation.

Lobbyist/Foreign Agent Involvement in Planning, Organizing, Requesting or Arranging

- The trip will not in any part be planned, organized, requested, or arranged by a registered lobbyist or agent of a foreign principal, other than de minimis involvement.

Lobbyist/Foreign Agent Financing (Must select all):

- The trip will not be financed in any part by a registered lobbyist or agent of a foreign principal.
- No funds or in-kind contributions were earmarked directly or indirectly for the purpose of financing this specific trip from a registered lobbyist or agent of a foreign principal or from a private entity that retains or employs one or more registered lobbyists or agents of a foreign principal.

Lobbyist/Foreign Agent Accompaniment

Complete if all sponsors are §501(c)(3) organizations (Select one):

- The trip is limited to three days (for trips inside the continental United States) or seven days (for trips outside the continental United States), and no lobbyist or agents of a foreign principal will accompany the Member, officer, or employee at any point throughout the trip
- The trip is limited to a one-day event (exclusive of travel time and one overnight stay) and no registered lobbyists or agents of a foreign principal will accompany the Member, officer, or employee on any segment of the trip
- The trip is limited to a one-day event (exclusive of travel time and two overnight stays) and no registered lobbyists or agents of a foreign principal will accompany the Member, officer, or employee on any segment of the trip

Complete if any of the sponsors is not a §501(c)(3) organizations (Select one):

- No sponsor retains or employs a registered lobbyist or agent of a foreign principle, the trip is limited to three days (for trips inside the continental United States) or seven days (for trips outside the continental United States), and no lobbyist or agents of a foreign principal will accompany the Member, officer, or employee at any point throughout the trip
- The trip is limited to a one-day event (exclusive of travel time and one overnight stay) and no registered lobbyists or agents of a foreign principal will accompany the Member, officer, or employee on any segment of the trip
- The trip is limited to a one-day event (exclusive of travel time and two overnight stays) and no registered lobbyists or agents of a foreign principal will accompany the Member, officer, or employee on any segment of the trip

Required if selecting the third option in either column - Please explain why the second overnight stay is practically required and necessary to accomplish the purpose of the trip.

Certification of No Recreational Activity and No Alcohol (Must select all):

- Travel expenses paid for will not include expenditures for recreational activities.
- Travel expenses paid for will not include expenditures for alcohol, except as permitted by the Regulations Governing Privately Sponsored Travel.

Invitees list

A list of all Senate invitees is attached to this form (required).

Members and staff from the House of Representatives will also receive invitations.

Travel Details (Submit additional pages as needed)

Trip Start Date/Time:



Trip End Date/Time:

Will the traveler be accompanied by a family member for whom the sponsor will pay travel expenses?

Yes No

Transportation (Member/Officer/Employee: \$ _____ Accompanying Family Member: \$ _____)

Transportation Type	Class	Amount
Details (optional)		

Lodging (Member/Officer/Employee: \$ _____ Accompanying Family Member: \$ _____)

Check-In	Check-Out	Facility	City	State	Country
Nights	Cost/Night	Cost Exceed Per Diem (Yes/No)	If Yes, please explain why expenses over the per diem rate are reasonable and necessary.		

Check-In	Check-Out	Facility	City	State	Country
Nights	Cost/Night	Cost Exceed Per Diem (Yes/No)	If Yes, please explain why expenses over the per diem rate are reasonable and necessary.		

Check-In	Check-Out	Facility	City	State	Country
Nights	Cost/Night	Cost Exceed Per Diem (Yes/No)	If Yes, please explain why expenses over the per diem rate are reasonable and necessary.		

Meals (Member/Officer/Employee: \$_____ Accompanying Family Member: \$_____)

Date	Breakfast	Lunch	Dinner	Incidentals	Total	City	State	Country	Cost Exceeds Per Diem (Y/N)

If costs exceed the federal per diem, please explain why expenses over the per diem rate are reasonable and necessary.

Reasonable Miscellaneous Expenses

(Member/Officer/Employee: \$_____ Accompanying Family Member: \$_____)

Expense Type	Amount	Notes

Additional Details (optional)

