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# Office of Sponsored Programs and Foundation Relations

**PHS/NIH TRAVEL DISCLOSURE FORM**

# *Created: March 2019; Updated: September 2021*

# *Next Review Fall 2023*

PHS regulation and the St. John Fisher University PHS/NIH Financial Conflict of Interest Policy *require* that PHS-funded investigators follow the University’s policy *to* *disclose* ***any*** *reimbursed or sponsored travel relating to their institutional responsibilities within 30 days of the return date* unless the travel was funded through Fisher or any other U.S. institution of higher education, hospital, academic medical center, or local, state or federal government. This policy pertains to travel with a monetary value over $100 supported by third parties, which includes but is not limited to the following: for-profit entities, non-profit entities, professional societies, academic journals or publishing companies, foreign institutions of higher education, and foreign governments. Travel disclosures will be reviewed by the Office of Sponsored Programs and Foundation Relations and forwarded to the Provost for further review to determine if there will be an impact on the sponsored project. If questions arise, PHS investigators will be contacted.

**Please complete the form below to make this required disclosure. Describe each trip separately. Complete additional copies as needed.**

**Submit the completed form(s) to the Office of Sponsored Programs and Foundation Relations.**

|  |  |
| --- | --- |
| Name: | Department/School: |
| Email: | Phone: |
| Project/Grant Title: | |
| Agency/Sponsor Name: | |

**Type of Proposal/Disclosure**:

New proposal Annual reporting/non-competing continuation

Renewal/Competing continuation No-cost extension New investigator added to the project

Supplemental funding, which includes time extension

**Purpose of travel:**

Conference Lecturer Consulting Expert Witness Review Panel Speaker

Professional Society Meeting Other (please specify):

**Dates (start/end or start/duration):**

**Sponsor/Organizer:**

**Destination (city, state, province, country):**

**Approximate monetary value:**

**Any additional information about the travel:**

**Purpose of travel:**

Conference Lecturer Consulting Expert Witness Review Panel Speaker

Professional Society Meeting Other (please specify):

**Dates (start/end or start/duration):**

**Sponsor/Organizer:**

**Destination (city, state, province, country):**

**Approximate monetary value:**

**Any additional information about the travel:**

**By signing and submitting this form, you are indicating that you have read Fisher’s policy and used all reasonable diligence in making this disclosure.**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**