**Applicability:**

Any individual who meets the definition of an Investigator and are involved in design, conduct, or reporting of funded research to disclose information about certain travel activities.

**Disclosure Requirements:**

1) Individuals must disclose the occurrence of reimbursed or sponsored travel greater than $5,000, that appear to be related to their institutional responsibilities and are paid for by an entity other than DDPSC, U.S. federal, state, or local government agencies, or other U.S. institutions of higher education, academic teaching hospitals, medical centers, or research institutes affiliated with an institution of higher education.

2.) Travel includes, for instance, registration fees, accommodations, transportation costs, and meals. Outside entities may include, but are not necessarily limited to, professional societies, foreign institutions of higher education, for-profit entities, and non-profit entities.

**Frequency:**

Travel must be disclosed upon completion of the travel activity.

**Disclosure Process:**

Individuals are responsible for disclosing travel using this disclosure form specifically designed for travel (for modifications or additions to the annual Financial Disclosure Form) and submitting to HR timely for review, either via email, fax, or inter-office mail.

### Required Disclosures

<table>
<thead>
<tr>
<th>Dates of travel:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Destination:</td>
<td></td>
</tr>
<tr>
<td>Entity that paid for the travel:</td>
<td></td>
</tr>
<tr>
<td>Purpose of the trip:</td>
<td></td>
</tr>
<tr>
<td>Travel paid for the individual’s spouse and/or dependent child(ren) by the entity:</td>
<td></td>
</tr>
</tbody>
</table>

Investigator’s Signature: ____________________________

Investigator’s Printed Name: __________________________

Date: ____________________________

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**To be completed by reviewer**

Date Disclosure Received: ____________________________

Financial Conflict Identified: YES or NO

Plan of Action: ____________________________

Reviewer’s Signature: ____________________________

Reviewer’s Printed Name: __________________________

Date: ____________________________