

**The University of Tennessee**  
**Disclosure Form for Reimbursed and Sponsored Travel**  
**Investigators Participating in PHS-Funded Research**

**University Investigators**

Name:	Personnel #:
Title:	Campus/Unit:
Department:	E-mail:

**Non-University Investigators**

Name:	E-mail:
Institution/Entity:	Name of PD/PI:

Investigators participating in PHS-funded research at the University must disclose any travel reimbursed or sponsored (i.e., paid on behalf of the Investigator) by an external (non-University) entity if the travel is related to, or that could reasonably appear to a non-expert to be related to, the Investigator's institutional responsibilities **within 30 days of the travel return date.**

**Definitions:** The following terms used in this form have the meaning described below:

**Institutional responsibilities** means an Investigator's professional responsibilities on behalf of the University, which include the following and similar activities: research, research consultation, teaching, professional practice, University committee memberships, and service on panels such as Institutional Review Boards or Data and Safety Monitoring Boards.

**Investigator** means the project director (PD) or principal investigator (PI) and any other person (including but not limited to a student, resident, fellow, post-doctoral appointee, and affiliate, volunteer, and adjunct faculty appointee), regardless of title or position and regardless of whether compensated or not, who is responsible for the design, conduct, or reporting of PHS-funded research, or proposed for such funding, which may include, for example, collaborators or consultants.

**Disclosure Exemption:** Investigators are not required to disclose the travel reimbursed or sponsored by a federal, state, or local government agency, in institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education.

**Disclosure of Reimbursed and Sponsored Travel Related to the Investigator's Institutional Responsibilities**

**Travel**

**Name of external entity:**

**Purpose:**

**Destination:**

**Duration:**

**Monetary value** *(if the exact monetary value of travel paid on the Investigator's behalf is not readily available, provide a reasonable estimate of the monetary value):*

**How the business/activities of the external entity relate to or are similar to the Investigator's institutional responsibilities** *(attach a separate page if additional space is needed):*

Replicate this page for additional travel disclosures.

**Investigator's Certification**

I certify the following:

- To the best of my knowledge, the information provided on this form is true, accurate, and complete;
- I will provide any additional information necessary for the University to comply with its obligations under the PHS regulations;
- I will comply with any conditions or restrictions imposed by the University to manage a potential financial conflict of interest; and
- If the University determines that a financial conflict of interest exists, I understand that a management plan will be implemented before expenditure of any PHS funds.

Signed:	Date:
Name of Investigator:	

**Print, sign, and submit the completed form to the head of the University department through which the PHS-funded research is or will be conducted.**

Signed:	Date:
Name of Department Head:	

**The department head will forward this form to either the Chief Business Officer or the Chief Research Officer (“Designated Official”) for the campus/unit in accordance with instructions provided to department heads by the campus/unit.**

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**Designated Official's Review and Determination**

*Check all that apply:*

- The reimbursed or sponsored travel is related to the Investigator's PHS-funded research.
- The reimbursed or sponsored travel is a potential financial conflict of interest that requires management.
- The reimbursed or sponsored travel is determined to be a financial conflict of interest that requires management.
- The University is required to report the financial conflict of interest to the PHS awarding component.

Signed:	Date:
Name of Designated Official:	

**Filing of the Updated Disclosure of Reimbursed and Sponsored Travel**

*Check one and forward to the appropriate office:*

- University Human Resources Office (University employees)
- Designated Official's Office (non-University employees)