

## Appendix F: Disclosure of Externally Reimbursed Travel

|                    |      |                     |             |
|--------------------|------|---------------------|-------------|
| Name & Workday#    |      |                     |             |
|                    | Last | First               | Workday ID# |
| Department/Unit    |      |                     |             |
| College/School     |      |                     |             |
| Dates of Travel    |      |                     |             |
|                    | From |                     | To          |
| Travel Sponsor     |      |                     |             |
| Destination        |      | Total Reimbursement | \$          |
| Purpose of Travel: |      |                     |             |

**Note:** Faculty and staff must affirmatively disclose, as a potential COI, the occurrence of reimbursed or sponsored travel related to their institutional responsibilities. Reporting is required only for those sponsors whose sponsorship exceeds \$5,000, in aggregate, over the course of a given calendar year. This affirmative disclosure requirement does not apply to travel that is reimbursed or sponsored by a U.S. federal, state, or local government agency, an accredited institution of higher education in the U.S., or an academic teaching hospital, medical center, or research institute that is affiliated with an accredited institution of higher education in the U.S., provided that no travel costs supported by any other entity shall be charged to the University. Disclosures must specify the purpose of the trip, the identity of the sponsor/ organizer, the destination, and the duration. University officials will determine if further information is needed to determine whether the travel represents a COI.

**REVIEWED:**

Department/Unit Chair/Head

Typed Name

Signature/Date

Dean or Vice Chancellor  
(or designee)

Typed Name

Signature/Date

Director - Research Integrity  
and Compliance

Typed Name

Signature/Date

Vice Chancellor -  
Research and Innovation

Typed Name

Signature/Date