

# SPONSORED & REIMBURSED TRAVEL FORM

Applicable ONLY to Public Health Service (PHS)-Supported Investigators

Investigators on PHS grants, cooperative agreements, and contracts must fill out this **form within 30 days of completed sponsored or reimbursed travel** (see exemptions below). Please review the definition of “investigator” on the [PHS Financial Conflict of Interest Declaration](#). In addition, when applying for PHS sponsored funding, investigators must disclose reimbursed and sponsored travel for the previous twelve-month period, no later than at the time of application. Please use as many forms as necessary to report reimbursed and sponsored travel within these time frames, keeping in mind the exemptions outlined below.

Name: \_\_\_\_\_

Employee ID # \_\_\_\_\_

Title \_\_\_\_\_

College/Unit \_\_\_\_\_

Department \_\_\_\_\_

E-mail \_\_\_\_\_

If you have any questions about Conflict of Interest, sponsored/reimbursed travel, or filling out the Sponsored & Reimbursed Travel Form, please contact the University Research Compliance Office at [PHSFCOI@ksu.edu](mailto:PHSFCOI@ksu.edu).

## INSTRUCTIONS & EXEMPTIONS FROM REPORTING:

1. Sponsored and Reimbursed travel is exempt from reporting if reimbursement is received from or travel is sponsored by a federal, state, or local government agency, an institution of higher education, an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education. These exemptions apply **ONLY** to agencies and institutions within the United States of America: all travel sponsored or reimbursed from an entity outside the United States must be reported.
2. Reporting only pertains to travel in which there is a direct reimbursement to a K-State employee (or their spouse or dependent children) or where funds are paid on their behalf by a third party (i.e. sponsored travel) other than those entities in which an exemption applies, as noted above.
3. Kansas State University will determine if any travel requires further review.

## TRAVEL INFORMATION:

Dates of Travel: \_\_\_\_\_

Location/Address: \_\_\_\_\_

\_\_\_\_\_

Travel Sponsor: \_\_\_\_\_

Purpose of Travel:

**TRAVEL DECLARATION:**

To your knowledge, does the travel sponsor have any financial or equity interest in the results of your PHS funded research?

Yes

No

If yes, please explain:

**DECLARATION:**

I, \_\_\_\_\_, affirm that the above information is true and complete to the best of my knowledge. I have read and agree to comply with the Conflict of Interest Policy Applicable Only to Public Health Service (PHS)-Supported Researchers and their staff, [PPM 4090](#). I further agree to submit additional Sponsored & Reimbursed Travel Form(s) within 30 days of completed travel for any travel not referenced in this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Please route through the following administrators for review and acceptance:

ACCEPTED:

\_\_\_\_\_  
Immediate Supervisor

\_\_\_\_\_  
Date

ACCEPTED:

\_\_\_\_\_  
Department/Unit Head

\_\_\_\_\_  
Date

ACCEPTED:

\_\_\_\_\_  
Dean/Appropriate Vice President

\_\_\_\_\_  
Date

ACCEPTED:

\_\_\_\_\_  
Provost

\_\_\_\_\_  
Date