

**Worcester Polytechnic Institute**  
**Travel Disclosure Form**  
**(For use in connection with PHS-related activities, including applications submitted to**  
**PHS-Awarding Components and all PHS-funded awards)**

**Background:**

Effective August 24, 2012, Investigators involved in PHS-related activities are required to disclose within thirty (30) days from completion of a trip the occurrence of any reimbursed or sponsored travel related to their institutional responsibilities. Note that this requirement does not apply to travel that is reimbursed or 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. No *de minimus* has been prescribed under the PHS Final Rule; thus, all qualifying reimbursed or sponsored travel must be disclosed regardless of the actual or estimated amount.

**Each Investigator must disclose travel-related Significant Financial Interests:**

During the past 12 months did you receive a payment (either as an advance or a reimbursement) for travel (either transportation, lodging and/or meals) from either a for-profit organization or a non-university non-profit organization, or were the costs of travel (alone or together with lodging and/or meals) paid directly for you by any such organization (see exclusions above)?  **NO**  **YES** If yes, for each such reimbursement or instance of sponsored travel, please state the following:

**Entity 1**

Name of sponsoring organization: \_\_\_\_\_

Purpose of the trip: \_\_\_\_\_

Destination and duration: \_\_\_\_\_

Provide the estimated or actual monetary value of the travel expenses: \$ \_\_\_\_\_

**Entity 2**

Name of sponsoring organization: \_\_\_\_\_

Purpose of the trip: \_\_\_\_\_

Destination and duration: \_\_\_\_\_

Provide the estimated or actual monetary value of the travel expenses: \$ \_\_\_\_\_

**Entity 3**

Name of sponsoring organization: \_\_\_\_\_

Purpose of the trip: \_\_\_\_\_

Destination and duration: \_\_\_\_\_

Provide the estimated or actual monetary value of the travel expenses: \$ \_\_\_\_\_

**Instructions:**

Estimate the approximate value if the travel is not reimbursed directly and the exact value is not readily available. Use additional copies of this page, as necessary, to include all entities with which the Investigator has a Significant Financial Interest.

This form and any related attachments, once completed, contain confidential personnel information, and shall be treated as sensitive and any company proprietary or confidential information shall be likewise treated with care. Submit completed form to the Office of Sponsored Programs.

For further information, please see the full WPI policy at <http://www.wpi.edu/offices/policies/conflict.html>.

I affirm that I have read the WPI Conflict of Interest Policy and that the above information is true to the best of my knowledge.

Investigator's Name/Signature: \_\_\_\_\_ Date: \_\_\_\_\_