**Western Carolina University**

**Supplemental Conflict of Interest Disclosure Form**

**Disclosure of Reimbursed or Sponsored Travel**

***This process applies to applicants to and recipients of PHS funded projects. This includes NIH and HRSA***

A form must be on file in the Office of Research Administration for all members of the Investigative Team at the time of application to any PHS funding opportunity.

Each form must be completed for the previous 12 month period.

This form must be updated at least annually or within 30 days of acquiring a new reimbursed or sponsored travel opportunity.

*Under the 2011 revised DHHS Conflict of Interest Regulations Investigators must disclose the occurrence of any reimbursed or sponsored travel (i.e. that which is paid on behalf of the Investigator and not reimbursed to the Investigator so that exact monetary value may not be readily available), related to their institutional responsibilities.*

*This disclosure requirement does not apply to travel that is reimbursed or sponsored by a federal, state, or local government agency, an 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.*

Name: Click here to enter text.

Date: Click here to enter text.

I have not participated in any reimbursed or sponsored travel in the previous 12 month period

I have participated in reimbursed or sponsored travel in the previous 12 month period. The details of that travel are described below:

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| --- | --- |
| Entity Sponsoring Travel: Click here to enter text. | |
| Purpose of Travel: Click here to enter text. | |
| Destination: Click here to enter text. | Duration: Click here to enter text. |

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| Entity Sponsoring Travel: Click here to enter text. | |
| Purpose of Travel: Click here to enter text. | |
| Destination: Click here to enter text. | Duration: Click here to enter text. |

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| Entity Sponsoring Travel: Click here to enter text. | |
| Purpose of Travel: Click here to enter text. | |
| Destination: Click here to enter text. | Duration: Click here to enter text. |

\*\*Please attach additional pages for if reimbursed or travel opportunities exceed the space provided\*\*

The Office of Research Administration may determine that additional information is needed, including a determination or disclosure of monetary value, in order to determine whether the travel constitutes a Financial Conflict of Interest.

Signature

Date

Please submit with original signature to the Office of Research Administration, 110 Cordelia Camp Building