

MONTANA STATE UNIVERSITY BILLINGS
SPONSORED OR REIMBURSED TRAVEL DISCLOSURE FORM

(To be completed by Investigators proposing or performing Public Health Service (including NIH) funded research)

Traveler's Name _____

Position _____

Department _____

Destination _____

Dates of Travel _____

Purpose of Travel _____

Name of Sponsor _____

Describe the relationship of travel to institutional responsibilities:

Nature of reimbursed or sponsored travel expenses (e.g. transportation, hotels, meals, entertainment):

I hereby disclose the above-described travel provided to me free of charge.

Signature

Date

Reimbursed or Sponsored Travel is travel paid for or reimbursed to the employee by a third party. This term does not include travel paid by MSU Billings using sponsored research funds.