

REQUEST APPROVAL OF TRAVEL RELATED EXPENSES

Traveler's Name: _____ Traveler's Position: _____
 Traveler's Phone: _____ Traveler's E-mail: _____
 Traveler's Department: _____ Administrative POC: _____
 Dates of Travel: _____ Location of Travel: _____
 Purpose of Travel: _____

SECTION A

INSTRUCTIONS:

Provide dollar value for each expense listed below (as applicable). If you use non-grant, non-federal funding, you need to differentiate between reimbursement by check or in-kind reimbursement.

FUNDING SOURCES:	GRANT OR AGREEMENT*	FEDERAL	NON-GRANT, NON-FEDERAL**	
			check value	OR in-kind value
Lodging	\$	\$	\$	\$
Meals	\$	\$	\$	\$
Tickets	\$	\$	\$	\$
Registration	\$	\$	\$	\$
Taxis	\$	\$	\$	\$
Other (list):	\$	\$	\$	\$

* Grant or agreement funding includes: research grants and core funding through cooperative agreement/grant.

** Non-grant, non-Federal funding includes: endowment, special education funds, or special project funds.

Will the Traveler be Speaking/Presenting? Yes No If Yes, is the registration fee waived? Yes No

SECTION B

INSTRUCTIONS:

Complete this section ONLY if you have indicated above that you are using non-grant, non-Federal funding for any expense.

Is spouse travel being funded by the non-Federal source? (check one) YES NO

Is proffer letter attached? (check one) YES NO

Please confirm that the traveler has orders in DTS to be TDY for this trip: YES NO

This is required for all funding from a Non-Federal Source, except the Henry Jackson Foundation (HJF).

Name/Title of Funding Source(s):

If HJF, please provide Cost

Center Code(s) or HJF 321 Form.

SECTION C

INSTRUCTIONS:

This must be completed for all travel except when travel funds come from an Agreement/Grant.

Uniformed Services University Account Code:

SECTION D

INSTRUCTIONS:

Complete this section ONLY if you have indicated above that you are using agreement/grant funding for any expense.

Name of Grant/Agreement Providing Travel Funds: _____

Grant Number/HJF Cost Center Code: _____

Is a Travel Budget Line Item on Grant? (check one) YES NO

I UNDERSTAND THAT:

All checks are to be made payable to the Uniformed Services University of the Health Sciences (USUHS) and turned in to the Finance office. If the non-Federal funds are insufficient to cover my authorized expenses, the difference will be charged to my department's organization. If the non-Federal source provides sufficient funds, I will be fully reimbursed for travel expenses (provided they are similar to expenses for other attendees) even if those expenses exceed the allowable rate under Volume 1 of the Joint Federal Travel Regulations.

To the best of my knowledge, **accepting these funds does not present a conflict of interest**, i.e., a reasonable person with knowledge of all of the facts would not question the integrity of USUHS programs or operations. **Funded orders are required for any payments in kind or reimbursed to the University for travel.**

TRAVELER Name

Signature

Date

DEPT. CHAIR/DEAN Name

Signature

Date

ETHICS OFFICIAL Name

Signature

Date