

For an individual trip, did you travel by Train or Plane greater than 200 miles?

If yes, please fill out the table and clarify if your travel was extended for personal reasons.

Note: Your initial disclosure must include reimbursed or sponsored travel received in the preceding twelve months.

School		Department		Division (optional)	
First & Last Name (Please Print)		Email		Phone (Optional)	

Dates of Travel	Destination (city, state, country)	Int'l Travel? Y/N	Sponsor	Purpose of Trip	Business & Personal Travel combined? Y/N	Business Days	Personal Days	Other Info/Comments
<i>Example - 7/1-7/3</i>	<i>Boston, MA</i>	<i>N</i>	<i>Boston Pharmaceuticals</i>	<i>Advisory Board Meeting</i>	<i>N</i>	<i>2</i>	<i>0</i>	<i>Annual Meeting</i>
Signature				Date				

Please sign, date and fax to 650-736-9516.

Barbara Flynn, Conflict of Interest Review Program Director

These reports are considered confidential and will be reviewed only by the Conflict of Interest Program Managers, your cognizant school dean, the Dean of Research and designated individuals, who may include an associate dean, the department chair, senior administrative staff and University officials in Internal Audit and Office of the General Counsel. Disclosures that are identified by the review as financial conflicts of interest (FCOI) related to PHS (NIH)-funded research must be reported to the NIH and made available to the public.