PHS Travel Update (Form 515)

Only New Sponsored or Reimbursed Travel- Please type your responses in this form.

Investigators may complete this form if their newly acquired significant financial interest consists of **only sponsored or reimbursed travel**. Any other or additional types of newly acquired or discovered significant financial interests require the Investigator to complete the Financial Disclosure Appendix for PHS-Funded Research (Form 510) for each PHS-sponsored research project that lists them as an Investigator.

I. Investigator Information

Disclosing Individual:	
Department:	Academic Title:
Email:	Phone:

II. PHS Awards – List all active PHS awards

PHS Award Number	Research Project Title	Principal Investigator

(Insert rows if necessary)

III. New Sponsored/Reimbursed Travel

Please provide information regarding any reimbursed or sponsored travel (i.e., that which is paid on behalf of the Disclosing Individual and not reimbursed to Disclosing Individual so that exact monetary value may not be readily available), related to the Disclosing Individual's institutional responsibilities.

Note: Exclude travel that is reimbursed or sponsored by Federal, state, or local government agency, an Institution of higher education as defined by 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute affiliated with Institution of higher education.

Purpose of Trip	Sponsor/Organizer	Destination (City, State/Country)	Duration

(Insert rows if necessary)

IV. Acknowledgment & Certification

I certify under penalty of perjury that this is a complete disclosure of my new sponsored or reimbursed travel related to my institutional responsibilities and I have used all reasonable diligence in preparing this Financial Interest Disclosure, and to the best of my knowledge it is true and complete. I also acknowledge that by signing my name below that it is my responsibility to disclose, within 30 days, any new significant financial interests obtained during the term of the above project. Please note electronic or scanned signatures are acceptable; inserting a jpeg of the signature is also acceptable.

Signature: _____ Date: _____

The information provided herein may be released or transmitted to the sponsor, including federal agency representatives, and according to the California Public Records Act, may also be released to the public, upon request. These records will be retained for 3 years after termination of sponsored project or until resolution of any action by the sponsor, whichever is greater. The Office of Record is the Office of Research.

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