

Montana State University  
Sponsored or Reimbursed Travel Disclosure Form

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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