

Declare travel that relates to your institutional responsibilities, and for which the costs, when aggregated, exceed \$5,000 from any one particular entity. You do not need to declare travel that was sponsored by any U.S. government, academic medical center or higher education institution.

Entity Detail

1. Who received the reimbursement/sponsorship for this travel?

Self Spouse Domestic Partner Dependent Child

2. Is the total dollar amount of the reimbursed/sponsored travel known?

Yes No

3. If known, what was the total dollar value of the reimbursed/sponsored travel?

4. What were the dates of travel?

From: To:

5. What was the purpose of this travel? Please describe in detail below.

Reimbursed / Sponsored Entity Detail

1. Entity Name:

2. Please describe the business of this entity in detail:

4. Is this a for-profit or non-profit entity?

Profit Non-profit

5. Is this entity a University of Oregon affiliated startup entity?

Yes No

Entity Relationship Detail

1. Does this entity support your sub-agreement related research through grants, contracts, gifts or in any other way?

Yes No

If yes, please provide specific details including the method of support and a description of the project(s).

2. Does any of your sub-agreement related research have the potential to benefit the entity?

Yes No

If yes, please provide specific details including a description of the project(s) and how it benefits from the entity.

3. Does this entity relate to any of your sub-agreement related research involving Human Subjects?

Yes No

If yes, please provide specific details including a description of the project(s) and how it benefits from the entity.

4. Do you conduct sub-agreement related research involving a device, program, method or compound of this entity?

Yes No

If yes, please provide specific details including a description of the project(s) and how it benefits from the entity.

5. Do you conduct sub-agreement related research involving a device, program, method or compound of this entity's competitors?

Yes No

If yes, please provide specific details including a description of the project(s) and how it can benefit from the entity.

6. Do you make decisions/requests to purchase goods and services that may be related to this entity?

Yes No

If yes, please describe in detail including the type of goods/services purchased, who uses these good/services, and how these goods/services are used.

7. For educational institutions only, do you have any students you advise or you serve on their masters or doctoral committees who are employed by or conduct any work for this entity?

Yes No

If yes, please provide the student's name and appointment type (undergraduate, graduate, etc.).

8. For educational institutions only, do you have any students you advise or you serve on their masters or doctoral committees who are conducting research that has the potential to benefit this entity?

Yes No

If yes, please provide the student's name and appointment type (undergraduate, graduate, etc.).

9. Does this entity conduct activities that relate to your research, administrative, clinical, and teaching or other Institutional Responsibilities at the sub-recipient organization?

Yes No

If yes, please provide details in the field below.