



FCOI Review Committee

Financial Conflict of Interest Disclosure Statement
For Travel

SECTION I.

Investigators Name: _____ **Title/Rank** _____

(The **Lead Investigator** is responsible for assuring that all investigators, as defined in the FCOI Policy, have filed appropriate disclosure forms with the Graduate School.

(**Investigator** means the project director or any other person regardless of title who is responsible for the design, conduct, or reporting of research funded by the PHS/NIH, which may include collaborators, subcontractors, students, and consultants.)

Department/Unit: _____ **School/College:** _____

Campus Box: _____ **Phone:** _____ **SIUE Email:** _____

SECTION II.

1) What was the purpose of the travel? _____

2) Who funded the travel? _____

3) When did you travel? (provide dates): _____

SECTION III.

Please review your information for accuracy, print the form, sign it and either fax it to 618-650-3523 or mail it to the Graduate School, Campus Box 1046, Edwardsville, IL 62026-1046.

Certification:

By signing this form, I certify that I have read the Southern Illinois University Edwardsville Financial Conflict of Interest Policy and agree to those terms listed in the policy. I further certify the foregoing disclosure is true and complete to the best of my knowledge. I understand and agree that it is my responsibility to update my travel disclosure annually.

Signature

Date