

**Traveler's Name:****Dates of Travel:****Travel Location:****Reason for Travel:**

[Policy 1308 – Travel Expenses](#) [Policy 1310 – Transportation Expenses](#)

1. Will you be presenting new research findings? Yes or N/A
2. EPAP (External Professional Activities for Pay) submitted? Yes or N/A <https://apps.research.unc.edu/air/>

*If a faculty member or non-faculty EPA employee begins an External Professional Activities for Pay (EPAP) disclosure, applicable COI questions will appear as needed, preventing the need for submission of separate forms. The faculty member will submit once, and the form will be automatically routed to appropriate offices for review. Reminder that EPAP activity performed on regular university work day (M-F) requires use of approved leave.*

3. COI Travel Disclosure submitted? Yes or N/A <https://apps.research.unc.edu/air/>
4. International travel requirements completed? Yes or N/A <http://globaltravel.unc.edu/login.cfm>
5. Travel funded by contract or grant? Yes or N/A (reference only)
6. Is this solely a business-related trip? Yes or Is there a personal/family component? Yes

*This is primarily a departmental form which stays in house. The purpose is to ensure our travelers are covered under Worker's Compensation, in the event of an accident or injury. However, if there is a personal component to this trip, this signed form will be required to facilitate reimbursement for the entire trip. The signed copy will be returned to the division for payment processing. To obtain approval, email your form to: [jaimie\\_foster@med.unc.edu](mailto:jaimie_foster@med.unc.edu)*

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**Traveler's Signature**

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**Date**

Approved by:

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**Ronald J. Falk, MD**  
Chair, Department of Medicine (or Designee)

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**Date****Form approved, scanned & emailed to:***Revised 3/18/2019*