

HHS 348 (Sponsored Travel) Package 'Cheat Sheet' October 2006

The Travel Planner must perform/review the following to ensure complete and correct sponsored travel package assemblage:

Letter(s) of Invitation

- **Sponsor is the entity that is paying for the travel**; it is not necessarily the organization listed on the letterhead
- "No federal funds are being used" statement must be included
- EXACT expenses being covered by sponsor must be included - a blanket statement, "We will cover all travel" is too vague and requires clarification
- Offer of honorarium must be declined by traveler and noted on letter
- Offer of premium class travel must be declined unless medical reason or travel duration exceeds 14 hours

If the letter does not meet **ALL these requirements**, travel planner should call the contact person listed on the invitation to confirm or clarify this information.

Research

- **Go to meeting website and check for registration fee**
- Read agenda/program to see if any social events may require Widely Attended Gathering (WAG) form, NIH 2803

HHS-348 Form

- Sponsor's name and address must show in Block #2
- Type title of talk first in Block #4 so that it is included
- Complete Block #7; either 'no' if NCI is not paying, or detail NCI expenses
- Signature of traveler's supervisor must be in Block #8, as well as typed name and title of person signing, or person delegated authority to sign

Traveler Certification Checklist

- Generated by NBS when traveler certifies; do not use outdated form in NIH Manual 1961; contact NCI Ethics Office if traveler is unable to certify
- No need for traveler or supervisor signature; signed only by NCI Ethics Office

Late Memo

- Explain mitigating circumstances if travel is submitted under 4 week lead time

Travel Order

- Indicate what the traveler is doing while in travel status at each destination; title of talk must be included in 'Purpose Description' under Itinerary screen in NBS
- Indicate if registration fee covers lodging / meals in Remarks field, Section 8
- If NCI is funding any portion of this trip, add statement "NCI is paying for [note specific date(s)] of this travel" in Remarks field, Section 8
- If registration fee is paid for by lab credit card, put a remark to that effect in Section 8
- Division Director signature in Section 9 for foreign travel or electronically in NBS
- **If registration fee is in-kind or waived, the fee must be included as an expense under Section 13 and should show up on the 348 under Block #5, 'other'**

HHS 348 (Sponsored Travel) Package 'Cheat Sheet' October 2006 (cont.)

Notification of Foreign Travel (NFT)

- Information on the NFT such as description of travel, identity of sponsor, funding costs, and dates of travel must match the travel order

If info changes from original approved NFT, send Deb. an email w/ changes & she will notify Fogarty

AEA Memo

- NCI Ethics Office needs hard copy of ARC Manager-approved memo included in package; memo must also be typed in Section 8 of the travel order

Jake Wilson has final approval authority for sponsored AEA & everything

Route Slip

- Include names, titles, building and room number for each staff member involved with travel package
- Initial each line as travel order is routed
- 'From' section should indicate Administrative Officer's name, building, room, and phone number, not the preparer's name

Completed Travel Package

- Includes the documentation outlined above
- Do not include internal working papers, travel request form, unrelated e-mails, flight itineraries, hotel reservation forms, registration forms, per diem computations
- Do include additional information about the meeting or event, e.g., agenda, brochure, or website information, that supports travel order
- Only original travel package is required; no copies

Revised (Adjusted) Travel Order

- Revisions that increase NCI expenses require new signatures on the revised travel order and accompanying 348
- Revisions that increase/decrease the sponsor's expenses or decrease NCI expenses do not require new signatures

Amended Travel Order

- Amendments to approved travel orders routed to the Ethics Office must document the purpose of the amendment in the Remarks field

Justification for Spousal Travel

- Include when appropriate; this requires a separate 348 and is generally used only when offered as part of a bona fide award (see #2 on Traveler Certification Checklist)

REQUEST FOR APPROVAL TO ACCEPT PAYMENT OF TRAVEL EXPENSES FROM A NON FEDERAL SOURCE

11/14/2006
(date)

Use this form to request, approve, and report acceptance of payments as provided in DHHS Travel Manual Chapter 1-70. Submit request to recommending official as soon as possible, but not later than 15 days before scheduled departure.

1. NAME AND TITLE OF TRAVELER	2. NAME AND ADDRESS OF SPONSORING ORGANIZATION
3. TRAVELER'S ORGANIZATION HNC7'	

4. PURPOSE OF TRIP **Sponsored - Foreign**
to give a presentation entitled "Tissue Microarrays: New Tools and New Demands on Biorepositories" at the 3rd Australian Health and Medical Research Congress, Nov 26-Dec 1, 2006 in Melbourne, Australia
Continued on next page

5. AUTHORITY FOR TRAVEL <input checked="" type="checkbox"/> 31 USC 1353 <input type="checkbox"/> 42 USC 3506 <input type="checkbox"/> 5 USC 7342 (See DHHS Travel Manual Chapter 1-70): METHOD OF PAYMENT: A. <input checked="" type="checkbox"/> DIRECT REIMBURSEMENT TO PROJECT/TASK/EXP. TYPE \$ <u>2,248.28</u> PROJECT/TASK/EXP. TYPE <u>103533 / 1 / 2123</u> PROGRA B. <input checked="" type="checkbox"/> IN KIND \$ <u>1,151.00</u> ** C. <input type="checkbox"/> IN CASH for retention by traveler \$ _____ **NOTE: CASH MAY ONLY BE ACCEPTED UNDER 42 U.S.C. 3506 AUTHORITY	INDICATE VALUE OF PAYMENT: TRAVEL \$ <u>2,221.83</u> LODGINGS \$ <u>632.00</u> MEALS \$ <u>0.00</u> OTHER \$ <u>545.45</u>
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6. PAYMENT TO BE USED FOR TRAVEL
 ROUND ONE WAY (see itinerary below)

STARTING DATE	ENDING DATE	FROM	TO
11/26/2006	11/26/2006	RES: POTOMAC, MD	MELBOURNE, AUS
12/02/2006	12/02/2006	MELBOURNE, AUS	SYDNEY, AUS
12/05/2006	12/05/2006	SYDNEY, AUS	RES: POTOMAC, MD

7. IS THE DEPARTMENT PAYING PART OF THE COST? (If any, specify which part and amount)
COMPLETE THIS BLOCK

8. RECOMMENDATION
SUPERVISOR SIGNATURE **PLUS TYPED NAME AND TITLE**

9. AUTHORIZATION (SEE DOCUMENT TRACKING AND HISTORY)

10. TRAVELER'S CERTIFICATION (Complete after trip)
I certify that while on official travel the above amounts are correct and I did not receive (1) any honoraria, or (2) any cash for my retention from the sponsoring organization. I further understand that any accommodations, meals or incidental expenses accepted that are not normally reimbursed by Government Travel Regulations, and not fully reimbursed by the sponsoring organization will have to be borne out of my personal funds.

DATE _____

**BACKGROUND INFORMATION ON REQUEST FOR APPROVAL TO
ACCEPT PAYMENT OF TRAVEL EXPENSES FROM A NON FEDERAL SOURCE**

TRAVELER:

1. Is the sponsoring organization using Federal Funds to defray the costs of this trip?

YES NO (If yes, reimbursement may NOT be accepted.)

2. Does the offer of travel reimbursement include other compensation from the sponsor in (a) the form of an honorarium, or (b) payment for the travel of family members or (c) payment for travel beyond that allowed under Federal travel regulations?

YES NO

(If yes at (b), family member's travel order # _____, at (c) justification attached.)

3. Is the travel unrelated to official government business as prescribed in Manual Issuance 1500-8 REIMBURSEMENT FOR TRAVEL IN CASH OR IN KIND?

YES NO

4. Why can't this trip be paid with DHHS funds?

It is customary for non-conflicting sponsors to offer support for travel of mutual benefit to the sponsor and the NIH.

5. Is the travel related to the development by the sponsor of a grant or contract proposal for submission to your ICD?

YES NO

6. Are there current plans for the development of a CRADA with the sponsoring Organization?

YES NO

7. Is the traveler an officer, director, trustee, partner or employee of the sponsoring organization?

YES NO

8. Do you or your spouse or minor child have financial interests or personal business relationship with the sponsoring organization?

YES NO

9. Do you have any involvement in the review, approval, or monitoring or any active or potential or potential grant, cooperative agreement, or contract (for research, goods, or services) concerning the sponsoring organization? Further, does the acceptance of this sponsorship compromise the ICS or NIH with respect to its policies, procedures, and official positions on issues?

YES NO

10. Is the sponsor involved in any NIH investigations of scientific fraud or misconduct or for any reason been disbarred from receipt of government grants, contracts or cooperative agreements? Is the purchase of the travel to participate in an activity involving scientific misconduct issues? If the answer to either question is 'yes', please discuss the circumstances with your Executive Officer before proceeding.

YES NO

I hereby certify that the information above is accurate and complete to the best of my knowledge and in accordance with the policy in NIH Manual Chapter 1500-8.

ETHICS SIGNATURE ONLY

DATE _____

SAMPLE



Department of Obstetrics and Gynecology

October 31, 2006

Investigator

National Cancer Institute, NIH, DHHS

Bethesda, MD 20892-7234

Dear

On behalf of the Comprehensive Cancer Center and the Division of Gynecologic Oncology at the University of Alabama at Birmingham (UAB), I would like to kindly invite you to attend a Cervical Neoplasia Research Advisory Meeting on November 30-December 1, 2006, held at the UAB Comprehensive Cancer Center. UAB has had a collaborative effort with the Hopkins Cervical Cancer SPORE. Investigators from the Hopkins SPORE will also be attending this meeting to discuss ways in which UAB and Hopkins can further enhance our collaborative efforts in anticipation of the SPORE's resubmission in late 2007. We will be inviting a number of UAB investigators with active cervical neoplasia research to participate in this meeting. As well, we are inviting experts such as yourself, to provide us guidance as we make plans and develop strategies to enhance our cervical neoplasia research efforts in the next decade.

Your travel expenses for airfare (economy), meals on travel days and on location, lodging (\$89/night), and taxis/ground transportation will be provided IN CASH. There is no registration fee required for this meeting. No Federal Funds will be used in conjunction with the meeting or the traveler's expenses. Please confirm your interest and availability as soon as possible. We hope your schedule permits you to join us for this important meeting.

Sincerely,

- Is registration fee waived?

Ronald D. Alvarez, MD
Professor, Obstetrics and Gynecology
Director, Division of Gynecologic Oncology
Ellen Gregg Shook Culverhouse Chair in Gynecologic Oncology

RDA/dg

cc: Edward E. Partridge, M.D.
Warner Huh, M.D.

Gynecologic Oncology
538 Old Hillman Building
618 20th Street South
205.934.4986
Fax 205.975.6174

The University of
Alabama at Birmingham
Mailing Address:
OHB 538
619 19TH ST S
BIRMINGHAM AL 35294-7322

SAMPLE



JAWAHARLAL NEHRU UNIVERSITY
New Delhi 110 067
**75th ANNUAL MEETING OF SOCIETY OF BIOLOGICAL
CHEMISTS (INDIA)**
DECEMBER 8-11, 2006

PROF. RAJENDRA PRASAD

Ph.D., F.A.Sc., F.N.A.Sc., F.N.A.
Chairman & Organizing Secretary

Phone : 91-11-26704509

Fax : (011) 26717081

E.mail: rp47@hotmail.com, rp47@mail.jnu.ac.in

9th September, 2006

National Cancer Institute, NIH

Bethesda, MD 20892-4256
USA

Dear Dr. .

You might be aware that the 75th Annual meeting of the Society of Biological Chemists, India is scheduled to be held from 8th to 11th December, 2006 at the Jawaharlal Nehru University, New Delhi. In view of the rich history of the Society and the fast expanding horizon of biological research in India, we are making best efforts to make this meeting a stimulating experience for all the participants by ensuring a wider representation of ongoing research activities all over the country. To that objective, we have selected a panel of conveners for various symposia and as recommended by Dr. Anand K. Bachhawat, we are pleased to request you to present your work at the session on **Bioenergetics and Membrane Transport**, to be held in the afternoon of 9th December, 2006. We are looking forward for your kind acceptance of our invitation and requesting you to confirm your participation at an early date.

Please note that the presentation is for 20 min, followed by a discussion for 5 min. The title of your talk will be "Role of ABC drug transporters in multidrug resistance in Cancer cells" In case you may need any further information in this matter, please visit our site at <http://www.jnu.ac.in/75SBC/Programme.htm>

Please note that to cover your local expenses (lodging, meals, and local transport), the Society Funds will be used. No U.S. Government funds will be used to cover your local expenses for the duration of the meeting. The registration fee will be waived for the speakers.

Sincerely,

RAJENDRA PRASAD

SAMPLE



UCLA DEPARTMENT OF UROLOGY

Clark Urological Center

Gang Zeng, Ph.D.
 Assistant Professor
 Division of Urologic Oncology
 Department of Urology and
 Jonsson Comprehensive Cancer Center
 Research Director, UCLA Kidney Cancer Program
 (310) 794-7635
 (310) 825-1804 Fax
 gzeng@mednet.ucla.edu

October 2, 2006

National Cancer Institute

10 Center Drive
 Bethesda, MD 20892-1908

Dear Dr.

The UCLA Jonsson Comprehensive Cancer Center (JCCC) would like to invite you to be a guest speaker at our conference on ~~Dec 2006~~ 2006. I will host your visit and arrange for your schedule. Your seminar will take place at 12:00 P.M. in 73-105 of the Center for Health Sciences (CHS) on UCLA campus.

Please send me your flight itinerary so that we can schedule your meetings with the faculty and arrange your lodging accommodations. In addition, we will need the seminar title, a short summary of your research, and your CV. In order to prepare the expense request, we will need your social security number and home address. Please be aware that in line with the NIH regulation, we will not issue honorarium to you. In addition, no government funds will be used for the reimbursement.

I am pleased that you will be speaking at our forum and look forward to your visit. If I can answer any questions, please feel free to contact me.

Sincerely yours,

Gang Zeng, Ph.D.
 gzeng@mednet.ucla.edu

National Institutes of Health
National Cancer Institute
Bethesda, Maryland 20892

SAMPLE

To: Ethics

From:

Date: November 7, 2006

RE: Late Memo for 348 Travel – Dr.

Please allow this to serve as my late memorandum on the travel for Dr. Dr. received a formal invitation letter from the University of Alabama on October 31, 2006 for travel that is to take place on November 30, 2006. The invitation letter did not state the exact times of the meeting, nor the desired times for Dr. to arrive. Therefore, I could not complete the travel order until I knew his exact dates of travel. This information was finally received on November 7, 2006 and the travel order was then processed immediately on the exact date. I have hand walked the travel order through the approval process.

Thank you for your time and attention to this matter and please contact me with any questions or concerns regarding the above matter. I apologize for the timeframe of this request, however, it was completed as quickly as possible considering the date of the initial invitation letter.

AUTHORIZATION

DOC NO: TR260282

2 ** Read Privacy Act On Last Page **

TA NUM: [unclear]

(2)

This trip will be authorized pending funds availability.

(3)

Foreign Travel approved by Dr. Doug Lowy, Deputy Director, NCI.

A Notification of Foreign Travel (NFT) must be submitted to the Fogarty International Center prior to travel departure.

(4)

No honorarium is being offered. All expenses are paid by sponsor.

Sponsor: ERASMUS MEDICAL CENTER UNIVERSITY, Rotterdam; Contact: Van Steenbrugge/ Phone: 31-10-4088364

Hotel: Hotel The Westin Rotterdam; Weena 686; 3012 CN ROTTERDAM; phone: +31-10-4302000.

Employees may not accept an honorarium or retain cash in excess of actual expenses. The acceptance of payment or in kind services from a nonfederal source should be the exception and not the rule.

FOREIGN TRAVEL

9) AUTHORIZED BY

TITLE

DATE

Dr. Doug Lowy, Deputy Director, ECR/NCI

DK Lowy

10/19/06

10) FUNDS OBLIGATED

11) GTR/TICKET NO	VALUE	CR	CLS	DATE	FROM	TO
TBD 1	3052.28		ECO		IAD-Washingt	RTM-Rotterda

12) ITINERARY AND TRANSPORTATION EXPENSES - TRIP NO

1

DATE	TIME	DEPARTED/ARRIVED	LOCATIONS	MODE	COST	DESCRIPTION
11/29/2006		D-RES:	POTOMAC, MD			
11/29/2006				AIR	3052.28	* Airline Flight
11/29/2006		A-ROTTERDAM,	HOL			
11/29/2006				1POC	24.92	Private Automobil Mileage: 56 Rate: .445
11/29/2006				CAB	100.00	Taxi
11/29/2006				PARK	75.00	Parking Fees
11/29/2006				TMC	26.45	* TMC Service Fees
12/02/2006		D-ROTTERDAM,	HOL			
12/02/2006		A RES:	POTOMAC, MD			

TOTAL TRANSPORTATION EXPENSES

3278.65