

Dental Research Grant Travel Justification Form

This form must be completed, returned to your local research administrator in Dental Research Administration, and approved prior to making any travel reservations. Individuals who travel without prior approval may be held personally responsible for any expenses they incur. To complete the form, type in fields below, print this page, sign, and return. Once approval is received, the trip must be entered into the e-expense (Appticity) system.

The purpose of this form is to provide written justification of requested travel funds from federal (and private) grants. Travel funds must be expended according to federal spending guidelines as outlined in OMB Circular A-21 Section J.53. Allowability of the request and allocability of proposed expenses will be decided by Dental Research Administration based on your justification below. **For federal grants, travel must directly relate to the research aims proposed in the grant application which were approved by the granting agency; travel with the purpose of developing new or different ideas/grants/relationships is not allowable on federal awards.** Travel paid for with federal funds must relate directly to the approved research aims for that particular project. Approval by your RA ensures that the travel is allowable as a direct cost on the grant, and that adequate funds are available.

For all grants, sufficient travel funds must exist (with account codes 5301 or 5302) in the budget prior to submitting for approval/authorization. Please contact your local Research Administrator with any questions about this form or the travel authorization process.

Date prepared:

Prepared by:

Traveler's Name:

Travel Dates:

Destination:

Dept ID:

Grant Number:

Estimated Cost:

Purpose of Travel:

Justification for charging
travel to grant:

My signature certifies the information described above is an accurate depiction of the business purpose of this business travel.

Traveler: _____ Date: _____

Grant PI/Grant Manager: _____ Date: _____

Director, Dental Research: _____ Date: _____

For use by Dental Research Administration

Received

Approved

Returned to Requestor

Denied