

**NNMC CLINICAL INVESTIGATION DEPARTMENT  
GUIDELINES FOR REQUESTING CLINICAL INVESTIGATION  
PROGRAM (CIP) TRAVEL FUNDS**

1. Travel Funds are available for projects that are part of the Clinical Investigation Program (CIP). Funding is usually sufficient to sponsor one trip per project per year, but occasionally funds are available for additional trips. Research projects must be active or successfully completed. Terminated projects are not eligible for travel funds.

2. To request travel funds you should complete the two attached forms:

a. Letter to NMETC: Type or print the necessary information in the blank spaces. Be sure to attach the three (3) enclosures listed.

- 1) Presentation Abstract
- 2) Meeting Brochure (Complete)
- 3) Acceptance Letter

NMETC Bethesda will fund only meeting/conference fees, investigator travel (to and from the meeting) and per diem for days of travel plus 3 days of the meeting, which must include the day(s) of presentation. Any additional course/CME fees, banquet/luncheon fees, recreation fees, or spouse activity fees will not be funded. Rental car fees will only be considered if the traveler lodges at a Bachelor Officer Quarters(BOQ) removed from the site of the meeting, in a Location with inadequate commercial transportation between the BOQ and the meeting site. If the investigator's CO endorses attendance beyond 3 days, or any other non-qualifying activities, the extra expenses must be funded by the investigator's parent command on a split-funding basis.

b. TAD Worksheet: Type or print the necessary information on the TAD Worksheet. Complete this form according to NNMCIINST 4650.1D. Please obtain your Department Head's and your Directorate Head's signature before you submit this to CID for processing. Estimate your funding costs as accurately as possible. You may call the Transportation Section of the Personnel Support Detachment (301) 295-1067, for information on air fare, and the Travel Claims Section (301)295-0604/05/06 for the per diem rate for the specific area. Per diem rates vary from location to location.

3. Submit both forms and enclosures to the Clinical Investigation Department (CID) **at least 7 weeks in advance.** We will forward your request to NMETC and send a copy to you.

4. At least five (5) days before you are to attend the meeting/conference, go to the Leave/TAD desk in the Manpower Management Department, Building 8, Room #2230, (301) 295-0741/45 or (301) 319-4898, to pick up your orders.

5. After your meeting you must:

- a. Liquidate your travel claim at PSD within 5 working days.
- b. Send a copy of that claim to NMETC, Code 12.
- c. Personnel who have not liquidated previous travel claims and provided copies to NMETC may not be funded for future travel. Keep a copy of the claim for your records

6. Please do not hesitate to contact the CID Staff at (301) 295-2275 for assistance.

## NATIONAL NAVAL MEDICAL CENTER TAD WORKSHEET

RANK/GRADE:	NAME (Last, First, MI):	SSN/DESIGNATOR	DEPT/DIRECTORATE
JOB TITLE (CIVILIAN ONLY):		GRADE-SERIES	WORK PHONE NO.
DEPARTMENT CODE	PROCEED DATE:	RETURN DATE	NUMBER OF DAYS
ITENERARY-FROM:  TO:		REASON FOR TRAVEL:	
<p style="text-align: center;">MODE OF TRANSPORTATION</p> <input type="checkbox"/> AIR <input type="checkbox"/> POV <input type="checkbox"/> PASSENGER IN A POV <input type="checkbox"/> OTHER _____ <p>*AIRLINE AND RENTAL CAR RESERVATION MUST BE MADE THROUGH CTO IN PSD AT 295-2782</p>		<p style="text-align: center;">LODGING</p> BOQ/BEQ RESERVATION MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, ATTACH NON-AVAILABILITY STATEMENT  UTILIZATION OF GOVERNMENT QUARTERS WILL ADVERSELY AFFECT MISSION?* <input type="checkbox"/> YES <input type="checkbox"/> NO  HOTEL RESERVATION MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<p style="text-align: center;">ESTIMATED COSTS</p> TRANSPORTATION: \$ _____ PER DIEM: \$ _____ FEES: \$ _____ MISCELLANEOUS: \$ _____ RENTAL CAR \$ _____ <b>TOTAL:</b> \$ _____		<p style="text-align: center;">ADDITIONAL REQUESTS</p> <input type="checkbox"/> LEAVE IN CONJUNCTION WITH TAD: DATES FROM: _____ TO: _____  <input type="checkbox"/> TRAVEL ADVANCE** <input type="checkbox"/> SECURITY CLEARANCE REQ ON ORDERS <input type="checkbox"/> RENTAL CAR* <input type="checkbox"/> OFFICIAL PHONE CALLS* <input type="checkbox"/> VARY ITINERARY <input type="checkbox"/> GOVERNMENT CREDIT CARD HOLDER	
<p>*JUSTIFICATION REQUIRED FOR NON-UTILIZATION OF GOVERNMENT QUARTERS, RENTAL CAR, OFFICIAL PHONE CALLS:</p>			
APPROVAL		TYPE OF TAD	
CID DEPT HEAD _____	DATE _____	<input type="checkbox"/> MISSION	
TEAM LEADER _____	DATE _____	<input type="checkbox"/> TRAINING	
SERVICE LINE LEADER _____	DATE _____	<input type="checkbox"/> CONFERENCE	
DIRECTOR _____	DATE _____	<input type="checkbox"/> OTHER	

