

Dependent and Elder Care Professional Travel Grant Program Grant in Advance Form

FACULTY INFORMATION

Date:		
Last Name:	First Name:	MI:
Employee ID:	Position:	
Department:	Daytime phone:	email:
Campus address (including mail code):		

PURPOSE OF TRAVEL

<i>Please include a copy of the conference program or documentation directly relating to the professional event for which the travel was incurred.</i>		
Description of Purpose of Travel:		
Period of Travel Begin Date:	Period of Travel End Date:	Travel Location:
Role in Activities (presentation, panel organizer, researcher, etc.):		

DEPENDENT INFORMATION

<i>Please include a copy of the conference program or documentation directly relating to the professional event for which the travel was incurred.</i>		
Name:	Age:	
Relationship to application:	Home address:	
Name:	Age:	
Relationship to application:	Home address:	

Dependent and Elder Care Professional Travel Grants are awarded to scholars whose travel to professional events results in incremental care-giving costs for dependents. Please describe below the travel and accommodations for dependents and/or coverage for planned care that you are requesting.

<i>Travel and Accommodation for Dependents/Coverage for Planned Care</i>		

<i>Please list your anticipated costs related to dependent care and submit this information 30 days prior to scheduled travel in order to receive a grant in advance.</i>		
Expense Date:	Description of planned care – include name of provider and relationship, location of care, and travel if applicable	Hourly Rate/Expense Amount:
Total Travel Expenses Expected:		

After returning from your travel, receipts must be submitted within 14 days for verification (using the [Dependent and Elder Care Travel Grant in Advance Verification Form](#)). Required documentation for reimbursement must include breakdown of either hourly or daily rate for additional care, if provided. If expenses are less than the grant received, repayment of the excess amount awarded will be required. Grants in advance are paid through the regular payroll system and considered taxable income by the Internal Revenue Service.

Submit completed form to facultyrecords@northwestern.edu or:
 Faculty Records Office
 Office of the Provost
 633 Clark Street, Evanston, IL 60208

I certify that I have attached all applicable documentation for reimbursement under Northwestern University’s Dependent and Elder Care Professional Travel Grant program. I understand that incomplete or inaccurate information may adversely affect my eligibility under this program up to and including repayment of any funds awarded, and may be cause for faculty discipline.

APPROVALS

Faculty Signature:	Date:
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