

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

FACULTY INFORMATION

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

<i>Please list your receipts for payment of services. *Staple or scan and attach receipts to this form and submit to the Office of the Provost (see below).</i>			
Expense Date:	Paid to:	Services Rendered:	Hourly Rate/Expense Amount:
Total Travel Expenses Incurred:			

*Please include copy of the conference program or documentation directly relating to the professional event for which the dependent travel care expense was incurred.

*Submit completed form and accompanying documentation 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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