

Dependent and Elder Care Professional Travel Grant Program Reimbursement 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 care which are the result of your professional travel.

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

<i>Please list your receipts for payment of services. Staple 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:			

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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