

Dependent v oCare Professional Travel Grant Program Reimbursement Form

FACULTY INFORMATION

Date:		
LastName:	FirstName:	MI:

Employee ID

Position

Dependent v o CaOE 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.

Travel and Accommodation for Dependents/Coverage for Care

Please list your receipts for payment of services. Staple receipts to this form and submit to the Office of the Provost (see link)			
Expense Date	Paid to:	Services Rendered	Hourly Rate/Expense Amount
Total Travel Expenses Incurred:			

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

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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