

Stanford University Junior Faculty Dependent Care Travel Grant Program Grant in Advance

Date:		
Faculty Information:		
Name: Last	First	MI
SU ID Number	Position	
Department	Daytime phone	email
Campus Address: including mail code		

Purpose of Travel :	
Description of purpose of travel:	
Date(s) of activities	Location
Role in activities: (presentation, panel organizer, researcher etc.)	

Dependent Information		
Name: First	Last if different from above:	Age:
Relationship to applicant:	Home address:	
Name: First	Last if different from above:	Age:
Relationship to applicant:	Home address:	

Reason for Needing Dependent Care (single parent, child must also travel; spouse/partner not available for non traditional care hours, nursing infant etc.)
<hr/> <hr/> <hr/> <hr/> <hr/>

Stanford University Junior Faculty Dependent Care Travel Grant Program Grant in Advance Verification Form

Name	SU ID Number	Date

Please list your receipts for payment of services. Staple receipts to this form and submit to the WorkLife Office (see below).

Expense Information			
Date:	Paid to:	Services Rendered	Hourly rate/\$Amount
		Total	

Submit completed form and receipts to:

- WorkLife Office
655 Serra St.
Stanford, CA 94305 -6110,
- Or by ID mail @ MC 6110,
- Or In person at 655 Serra Street, Human Resources

I certify that I have attached all applicable documentation required under Stanford University’s Junior Faculty Dependent Care 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.

Employee signature:

Date:
