

Stanford University Junior Faculty Dependent Care Travel Grant Program Reimbursement Form

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.)
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