

Dependent Care Professional Travel Grant Program Expense Verification Form

Name	Day time phone	E-mail

Please list your expenses and staple original receipts or copies to this form.

Expense Information			
Date	Paid to	Services Rendered	\$ Amount
Total			

Submit completed form and receipts, via mail or in person, to:

Janice Cobb
 Office of the Provost
 5801 S. Ellis Avenue, Levi Hall 510
 Chicago, IL 60637
jcmarkul@uchicago.edu

I certify that I have attached all applicable documentation required under The University of Chicago's Dependent Care Professional Travel Grant Program. I understand that incomplete or inaccurate information may adversely affect my eligibility under this program and may require repayment of funds awarded.

Signature: _____

Date: _____