



**The University of Oklahoma
Office of the Senior Vice President and Provost
Faculty Dependent Care Travel Grant Program Cover Sheet**

Faculty Information:			
Name:	Last	First	MI
OU Employee ID #	Position		
College	Daytime phone	Email	
Department			
Please provide the dollar amount of any Faculty Dependent Care funding received in the current academic year:			
\$			
For travel during summer, please provide the dollar amount of any funding received outside of the nine month faculty appointment.			
\$			

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:		

If awarded, receipts *must* be submitted to the Office of the Senior Vice President and Provost *within 60 days of travel*. If actual expenses are less than the approved amount, the supplemental payment will be the lesser amount. It will be paid through the regular payroll and considered taxable income by the Internal Revenue Service.

I certify that all statements are complete and true. I understand that incomplete or inaccurate information will adversely affect my eligibility for this program, may require repayment of any funds awarded, and may be cause for faculty discipline.

Employee _____
Signature Date

Unit Chair / Director _____
Signature Date

Dean _____
Signature Date