

URI Work-Life Professional Family Travel Fund 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	

Along with this form and receipts, please also include:

- 1. Documentation of conference/event attendance.**
- 2. Copy of PFTF award letter.**

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

Barb Silver, Schmidt Labor Research Center, 36 Upper College Rd., Kingston, RI 02881:

I certify that I have attached all applicable documentation required under the URI Work-Life Professional Family Travel Fund 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: _____