URI Work-Life Professional Family Travel Fund Application

Current Date [ ]

Faculty/Staff Information:

Last Name: [ ]   First Name: [ ]   Middle Initial: [ ]

Daytime Phone #: [ ]   Email: [ ]

Division or School : [ ]   Department: [ ]

Faculty: [ ]   Staff: [ ]   Title/Rank: [ ]

Event associated with request:

Description of Event: [ ]

Is funding available for cost of your travel/event? [ ]   Do you expect travel and TAR will be authorized/approved? [ ]

Date(s) of activities: [ ]   Location: [ ]

Role of Activity:
(Presentation, Panel Organizer, Researcher, etc.) [ ]

Dependent Information:

Name: [ ]   Age: [ ]

Relationship to Applicant: [ ]

Name: [ ]   Age: [ ]

Relationship to Applicant: [ ]

Name: [ ]   Age: [ ]

Relationship to Applicant: [ ]

Name: [ ]   Age: [ ]

Relationship to Applicant: [ ]

Please describe the nature of the additional costs below, and, briefly, why you believe you are eligible for this funding.

Travel and Accommodations for Dependents/Coverage of Care:

Please list your anticipated costs related to dependent care below.

Dependent Care:

Date	Description of care - include name of provider and relationship, location of care, and travel if applicable	Estimated Cost
	TOTAL	

By submitting this application, I agree that I am the primary caregiver for the dependents listed above, and that I agree to complete a short survey and submit a brief report upon completion of travel.

This application must be received by the application deadlines listed in the instructions.
After returning from your travel, receipts must be submitted within 14 days for verification
(using the URI Work-Life Professional Family Travel Funds Expense Verification Form).

For additional information please contact
Work-Life Committee
401.874.5289; worklife@etal.uri.edu