

**College of Arts and Sciences  
Dependent Care Reimbursement for Travel Pilot  
Pre-Travel Application Form**

**Traveler**

Last Name	First Name	Title	Department
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Purpose of Travel – Please attach a copy of the event description and the acceptance of faculty participation at the event.**

Description	Location	Dates	Role
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Funding for Trip –travel funding information excluding dependent care**

Account	Amount	<b>TOTAL COST OF TRIP (excluding dependent care)</b>
<input type="text"/>	\$ <input type="text"/>	
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

**Dependent Information (Use blank page if you have more dependents)**

Name	Relationship to Traveler	Age
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Dependent Care Reimbursement for Travel – Pilot funds are awarded to regular faculty in pre-tenure status whose normally approved travel to professional events result in incremental care-giving costs. Please describe below the travel and anticipated accommodations for dependents and/or coverage for care which are the result of your professional travel**

Travel and Accommodation for Dependents/Coverage for Care
<input type="text"/>
Estimated Dependent Care Costs for Trip: \$ <input type="text"/>

\_\_\_\_\_  
Signature of Traveler      Date

\_\_\_\_\_  
Signature of Department Chair      Date

\_\_\_\_\_  
Signature of Sr. Associate Dean for Faculty Affairs & College Diversity      Date

**Submit completed application form to Nadieska Gonzalez via email [nadieska@miami.edu](mailto:nadieska@miami.edu) or you can drop off a paper version at Ashe 201**