



ADVANCE PROGRAM For Equity and Diversity



Dependent Care Travel Awards Program Report of Award Use

A completed copy of this report and proof of expenses must be submitted within one month after attendance at meeting or conference to: UCI ADVANCE Program, 515 Aldrich Hall, Zot Code 1000

	Date
Name	Title
Department	Email
School	

Please report how the Dependent Care Travel Award benefitted your career:

- Proof of meeting/conference attendance is attached. This may be a conference registration, meeting agenda, etc.

Initial

- Expenditure report (second page) including expense amount, explanation of use, and attached proof of expense(s) is complete to the best of my knowledge.

Initial

I have read and accept the Dependent Care Travel Awards Use and Policies

Initial

Expenditure Report

Guidelines for Proof of Expenses

- Proof of expenses (receipts, invoices) submitted for reimbursement must be original, itemized, and show proof of payment.
- Attach proof of expenses to this report, and submit to the ADVANCE office within one month after attendance at meeting or conference.

Please detail how the funds were used and how the final expense amount was calculated (ex. "Caregiver charges \$10/hour. \$10/hour * 20 hour of child care = \$200).

Awarded Amount	Expense Amount	
Child care: \$ _____	\$ _____	
Airfare: \$ _____	\$ _____	
Hotel: \$ _____	\$ _____	
Other: \$ _____	\$ _____	
Explanation:		
Total: \$ _____	\$ _____	

Original, itemized proof of expenses are attached and match the expense amount listed above.

Initial

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