



## Faculty Dependent Care Travel Fund

### VERIFICATION FORM

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Net ID: \_\_\_\_\_

Payment will be made after all travel is completed. This form, the application, and all receipts/ documentation must be submitted within two weeks of the end of travel. If you have already submitted an application for pre-approval, no need to send one again.

The Travel Care Fund Verification Form, the application, and all receipts/documentation for travel before and up to June 30, 2019 must be submitted by July 15, 2019 to be eligible for funds from the 2018-2019 fiscal year. Failure to submit by the July 15, 2019 deadline will result in expenses being applied to the 2019-2020 fiscal year and will count towards the recipient's \$1000.00 cap for the 2019-2020 fiscal year. If travel is not completed and documentation cannot be submitted by the July 15, 2019 deadline, expenses will be applied to the 2019-2020 fiscal year.

**List your receipts for payment of services and staple the receipts to this form:**

| Date of service      | Paid to | Service rendered | Amount (\$) |
|----------------------|---------|------------------|-------------|
|                      |         |                  |             |
|                      |         |                  |             |
|                      |         |                  |             |
| Subtotal of Expenses |         |                  |             |
| *25% of Subtotal     |         |                  |             |
| Total Amount         |         |                  |             |

The Faculty Dependent Care Travel Fund is a taxable payment. If your application is approved, Cornell will add an additional 25% of the final expenses when the payment is issued to help defray the tax burden. Note: Only the subtotal amount will be deducted from your annual grant allotment.

I certify that I have attached all relevant documentation required under Cornell's Faculty Dependent Care Travel Fund program. I understand that incomplete or inaccurate information may adversely affect my eligibility under this program up to and including repayment of any funds awarded.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Submit verification form and receipts/documentation electronically to:**

Diane Bradac, [sdb39@cornell.edu](mailto:sdb39@cornell.edu)

**Or mail to:**

Work/Life, Faculty Dependent Care Travel Fund  
 395 Pine Tree Road, Suite 130, Ithaca, NY 14850  
 607-255-1917