**Vice President for Research**

**(Texas A&M University)**

**Dependent Care Expense Request Form**

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| --- | --- |
| **Name:**  | **Email:** |
| **UIN:**  | **Phone:** |
| **Department:** | **Amount Requested:** |

**Please provide the following information about your request:**

1. If awarded, how will you use the funds? Please select all that apply.
* Additional care at home during your absence
* Onsite care during professional conference or meeting
* Expense for individual requiring primary care
* Expense for caregiver
* Other (please describe):
1. Describe the research-related event you will attend:
	1. Name of event, date, location and website URL (if available)
	2. Nature of your participation (presentation, poster, panel, etc.)
	3. How does your participation contribute to the Texas A&M research enterprise?