

**CFD TRAVEL AWARD REIMBURSEMENT REQUEST**

Please provide the following information in order to process your expense report.

**About the Conference:****Date(s) of travel:** \_\_\_\_\_**Conference Name:** \_\_\_\_\_**Location:** \_\_\_\_\_

**Please check off and provide a brief description and the cost of the items you are requesting reimbursement for:**  
*Receipts are required for each dependent travel or care expense incurred during your travel. Additionally, receipts should comport with the outlined dependent care arrangements in your application. Your reimbursement will be processed via PeopleSoft as an employee business expense. You will need to assign a delegate to submit the expense on your behalf.*

	Description	Expense
<input type="checkbox"/> Flights for Caregiver or Dependent	_____	_____
<input type="checkbox"/> Hotel for Caregiver	_____	_____
<input type="checkbox"/> Local Transportation	_____	_____
<input type="checkbox"/> Caregiver	_____	_____
<input type="checkbox"/> Other (please specify)	_____	_____
	<b>Total:</b>	_____
	<b>Reimbursement Total (Max. \$500.00):</b>	_____

**About you:****First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Degree(s):** \_\_\_\_\_**Employee ID:** \_\_\_\_\_ **Email:** \_\_\_\_\_**Department:** \_\_\_\_\_

I certify that this report accurately describes the actual and necessary dependent travel or care expenses incurred in compliance with [MGB Policy and Procedures for Employee Business Expenses](#) unless specifically noted. I have not received reimbursement for these expenses from any other MGB entity or outside source.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return this form to [cfid@partners.org](mailto:cfid@partners.org) within 30 days of the travel return date.