



Dependent Care Reimbursement Form

Dependent care expenses above and beyond regular dependent care costs that directly result from university business travel will be reimbursed up to a maximum of \$300/day/trip. This form must be completed and attached to a travel expense form with original receipts.

Employee Name _____ M# _____

Department _____

Please complete the following information for the dependent care expenses:

Provider Name _____

Provider Address _____

Dependents who were cared for:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Dates of service provided:

Starting date _____ Ending date _____

Amount to be reimbursed _____

I request reimbursement of the above dependent care expenses which are above and beyond my regular dependent care costs due to university business travel. I certify I have not requested reimbursement from any other source for these expenses. I also certify the care provider is not my dependent, my child under the age of 19 or my spouse.

Employee Signature _____ Date _____