

Financial Services and Operations

Third Floor Lakeshore Center 1400 Townsend Drive Houghton, MI 49931-1295 906/487-2242

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 in	formation for the dependent care expenses:
Provider Name	
Provider Address	
Please complete the following information Provider Name Provider Address Dependents who were cared for: Name Name Dates of service provided: Starting date Amount to be reimbursed I request reimbursement of the above beyond my regular dependent care contave not requested reimbursement fro	
	
	
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 abeyond my regular dependent can have not requested reimbursements the care provider is not me	bove dependent care expenses which are above and are costs due to university business travel. I certify I ent from any other source for these expenses. I also a dependent, my child under the age of 19 or my
Employee Signature	Date