

UC IRVINE

Dependent Travel & Dependent Care Reimbursement Pre-Approval Form

Obtain pre-approval for Dependent Travel and Dependent Care costs before traveling.

Complete this form to obtain pre-approval to reimburse, in limited circumstances, dependent travel or dependent caregiver expenses above and beyond the employee's expenses during business travel. Please see [UCI CAMPUS POLICY](#) for more information. **All dependent travel and dependent care related expenses are considered taxable and reportable income to the employee or prospective employee.**

STEP 1: UCI EMPLOYEE OR PROSPECTIVE EMPLOYEE TO COMPLETE TRIP INFORMATION

Payee Type: Employee Prospective Employee – Must be onboarded Vendor ID # _____

Employee will receive their reimbursement payment in the same way they receive their paycheck, EFT or paper check.

Employee/Prospective Name _____ **Employee ID#** _____

Destination (City, State or Country) _____

Travel Dates: From _____ **To** _____

Business Purpose of the Trip _____

Conference/Meeting Name (if applicable) _____

Justification for needing dependent travel and/or dependent care reimbursement – provide details:

Funding: Prior to selecting the funding, please check with your Department's Finance Manager on any funding source restrictions. Travel expenses of dependents or dependent care providers *cannot be charged to federal or state funds.*

Select Type of Funding: Non-Federal, Non-State Other _____

Expense Types: Common expenses related to employee's business travel* (Check all that apply):

Requesting: Care-Provider Cost Airfare Hotel Car Meals & Incidentals

Other Expenses (please describe): _____

***Only dependent care and travel expenses above and beyond normal costs will be reimbursable.**

Example: The amount *exceeding* the normal cost for 8 hours of a child's daycare while the employee is working.

KFS Account	KFS Sub Account Optional	Project Code Optional	\$ Amount

STEP 2: OBTAIN PRE-APPROVAL FROM APPROVERS

STEP 3: PRE-APPROVER APPROVES DEPENDENT TRAVEL & DEPENDENT CARE COSTS RELATED TO THE TRIP

TRAVELER CERTIFICATION

I certify that the information on this request is accurate and complete. In accordance with policy, I state that no alternative caregiver support is available to avoid the expenses and that the dependent is a minor or adult who resides with me and requires assistance with daily activities. All expenses will be compliant with campus travel policy, UC travel policy, and the funds used to pay for these expenses allow for dependent travel and dependent care expenses. Original receipts are

attached as required documentation. I understand this will be reported on my Form W-2 or 1099 and subject to withholding.

Print Name: _____

Title: _____

Signature: _____

Date: _____

REQUIRED DEPARTMENT APPROVAL

By signing this form, I certify that the employee or prospective employee is traveling on official University business and my department will pay dependent travel and or dependent care related expenses in order to allow the employee/prospective employee to complete the business travel. All expenses will be compliant with [UC G-28 Travel Regulations](#) and the funds used to pay for these expenses allow for the reimbursement of dependent travel or dependent care expenses.

FISCAL OFFICER

Print Name: _____

Title: _____

Signature: _____

Date: _____

ACCOUNTING REVIEWER

Print Name: _____

Title: _____

Signature: _____

Date: _____

EXCEPTIONAL APPROVAL:

Print Name: _____

Title: _____

Signature: _____

Date: _____

STEP 4:

EMPLOYEES:

INCLUDE THIS SIGNED PRE-APPROVAL FORM AND ATTACH ITEMIZED RECEIPTS WITH PROOF OF PAYMENT AS REQUIRED BACKUP DOCUMENTATION.

EMAIL DOCUMENT TO TRAVEL-ACCOUNTING@UCI.EDU FOR REVIEW AND APPROVAL.

REIMBURSEMENT WILL BE PROCESSED VIA PAYROLL FOR EMPLOYEES.

PROSPECTIVE EMPLOYEES:

ONBOARD PROSPECTIVE EMPLOYEE TO RECEIVE REIMBURSEMENT – WILL RECEIVE 1099 AT YEAR END.

INCLUDE THIS SIGNED PRE-APPROVAL FORM IN TRAVELER'S KFS TRAVEL REIMBURSEMENT (TR) DOCUMENT AND ATTACH ITEMIZED RECEIPTS WITH PROOF OF PAYMENT AS REQUIRED BACKUP DOCUMENTATION.

AP TRAVEL ACCOUNTING APPROVAL

Signature: _____

Date: _____