



Child and Dependent Care Reimbursement Form

This form is required to obtain approval for child and dependent care expense reimbursement. Attach this completed form and supporting documentation to the Biohub Investigators expense report using the “Other” section of [the Reimbursement System](#) and when selecting an expense type also select “Other”. Please see [Child and Dependent Care Reimbursement Guidelines](#) for more information.

All child and dependent care reimbursements are considered taxable income to the employee and will result in the applicable tax withholding and reporting.

Expenses may be charged to allowable funds containing no restrictions on the use of funding for these purposes. Contract and Grant funds are permissible for dependent care expenses only to the extent they are allowable by the specific granting agency policies.

Faculty Member Name	Employee ID #
Requested Child Care Reimbursement (itemize and provide details)	Requested Dependent Care Reimbursement (itemize and provide details)
Total Reimbursement Requested	

Employee Certification

By signing this form, I certify that the information on this request is accurate and complete; all expenses are compliant with any applicable UC policies; and the funds used to pay for these expenses allow for dependent care expenses.

Print Name: _____ **Title:** _____

Signature: _____ **Date** _____

Department Approval

By signing this form, I certify that the faculty member has Biohub Investigator award funding available to cover the reimbursed amount and the department has agreed to pay dependent care expenses. All expenses are compliant with any applicable UC policies and the funds used to pay for these expenses allow for dependent care expenses.

Print Name: _____ **Title:** _____
(Fiscal or Department Officer)

Signature: _____ **Date** _____