



Obtain pre-approval for Dependent Care Expenses before traveling

Dependent Travel and Dependent Care Reimbursement Pre-Approval Form

This form is required to obtain pre-approval of any reimbursable dependent travel or dependent caregiver expenses while on travel status. This form must be completed and approved PRIOR to the start of any travel. Please see [Dependent Travel and Dependent Care Travel Guidelines](#) for more information. Attach this completed form and supporting documentation to the traveler's expense report in the [Travel Reimbursement System](#).

All dependent travel and dependent care related expenses while on travel status are considered taxable income to the employee or prospective 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.

Traveler Name: _____

Employee ID # (if available): _____

Destination (City, State, Country): _____

Travel Dates: From _____ To _____

Business Purpose of the Trip: _____

Conference/Meeting Name (if applicable): _____

Justification for needing dependent travel and/or care reimbursement (please provide details):

Requested Dependent Expenses - Estimated:

Transportation/Airfare for Dependent: \$ _____ Lodging: \$ _____

Transportation/Airfare for Care-giver: \$ _____ Babysitting/Care-provider costs: \$ _____

Meals: \$ _____ Other expenses: \$ _____

Explanation: _____

Estimated Total Dependent Related Expenses: \$ _____

Complete all approvals on second page and include both pages with expense report in the Travel Reimbursement System

Traveler Certification

By signing this form, 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.

Print Name: _____ **Title:** _____
(Employee or Prospective employee's delegate)

Signature: _____ **Date** _____

Department Approval

By signing this form, I certify that the traveler is on official University business and the department has agreed to pay dependent travel and/or dependent care expenses in order to allow the traveler to complete the business travel. All expenses will be compliant with campus travel policy, UC travel policy, and the funds used to pay for these expenses allow for dependent care expenses.

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

Signature: _____ **Date** _____

Executive Approval

Executive approval is required for all dependent travel and dependent care expense reimbursements. Obtain approval from the following office, based on the traveler's designation:

- Academic Personnel – Dean or Divisional Finance Leader
- Staff – Vice Chancellor, Provost, DFL or Athletic Director

Print Name: _____ **Title:** _____

Signature: _____ **Date** _____