

BAINBRIDGE COLLEGE
Request for Reimbursement of Dependent Care expenses

This claim for is only for requesting reimbursement from your flexible spending account for dependent care expenses.

EMPLOYEE'S NAME:	SOCIAL SECURITY NUMBER
<p>Reimbursement is requested for the following payment(s) applicable to the Dependent Care Flexibility Spending Account. Attach a paid receipt or other evidence of payment for each item listed. The receipt should include the name of the dependent and relationship to the employee, date of service, and date of payment. Indicate below the calendar year to which the payment(s) apply. Prepare a separate request for reimbursement for each calendar year.</p> <p align="center">CALENDAR YEAR TO WHICH PAYMENTS APPLY _____.</p>	

Date of Service To	Date of Service From	Payment Date	Name and Address of Service Provider	Taxpayer ID or SSN of Service Provider	Name(s) of Dependent(s) & Relationship to Employee	Amount

Total Amount of Request for Reimbursement _____

CERTIFICATION
I hereby certify that the dependent care expenses being submitted for reimbursement meet the following requirement; that the above listed payments have been remitted as indicated and that all the information recorded on this request is true and correct. I understand that I have the responsibility for any tax reporting or other legal requirements with respect to reimbursable expenses. I also understand that to the extent dependent care expenses are reimbursed under the Dependent Care Spending Account, they may not be claimed as expenses for purpose of the credit against Federal income tax for dependent care expenses:
The expenses are (i) for the care of a qualifying individual (e.g.; day care center, nursery school) or (ii) for household services attributable to the care of a qualifying individual. Education expenses for a child in the first or higher grade are not eligible.
A qualifying individual is (i) a child under age 13 if the child is claimed as an exemption deduction on my Federal income tax return: (If divorced or legally separated, the requirement that the child be an exemption deduction does not apply if you have custody of the child for a period longer than the other parent); (ii) my spouse, if my spouse is physically or mentally unable to care for himself or herself and who is a dependent of mine for whom I can claim an exemption deduction on my Federal income tax return (or could claim such deduction but for the fact that the individual has \$1,000 or more gross income).
The expenses are for the purpose of allowing me (and, is married my spouse) to be gainfully employed during the period I have responsibility for a qualifying individual. Payment made to a child of mine under age 19 or to a person I can claim as dependent on my Federal income tax return are not reimbursable expenses.
If married, the amount of reimbursable expenses will not exceed the lesser of my earnings or my spouse's earnings for the year. If my spouse is a full-time student or physically or mentally unable to care for himself or herself, my spouse is deemed to have earnings of \$200 per month (\$400) if I have at least two qualifying individuals).

Employee's Signature _____ Date _____

SECTION BELOW FOR ACCOUNTING USE ONLY

Account number to be charged	Name of the Account to be charged	Amount
	Spending Account- Dependent Care	

Processed by
(Payroll Office Representative) _____ **Date** _____

Reviewed by _____ **Date** _____