

Submit request by the 1<sup>st</sup> of the month for reimbursement by 10<sup>th</sup>  
 Or by the 15<sup>th</sup> of the month for reimbursement by the 25<sup>th</sup> to:

**The University of Tulsa**  
**The Office of Human Resources**  
**800 S. Tucker Drive ♦ Tulsa, OK 74104**

**PLEASE PRINT:**

Employee's Last Name	First Name	MI	TU ID Number	Department Name	Campus Extension

Documentation must be submitted certifying the expenses for which you are requesting reimbursement. Acceptable documentation consists of an itemized bill (preferably on the letterhead of the provider of care). **Reminder: Canceled checks are not considered eligible receipts per IRS regulations.**

The bill must indicate the nature of service, name of individual who received care, name and address of person or organization providing service, amount of charge, the social security number or tax ID number, and date when service was rendered. Be sure to keep copies of all documentation for your records. *Documents submitted will not be returned and there will be a charge for duplication.*

Please refer to "Your Benefit Choices" booklet which is available online at: [www.utulsa.edu/personnel/benefits](http://www.utulsa.edu/personnel/benefits) for additional information. You may print additional copies of this request for reimbursement from this web site as well.

Please supply the information requested below.

**CALENDAR YEAR IN WHICH EXPENSES WERE INCURRED: 200\_\_** *(Please enter year)*  
*Expenses must be incurred in the same year in which you have established and contributed to a Dependent Care Flexible Spending Account.*

Name of Dependent Care Provider	Tax I.D # of Provider	Dates of Service	Individual Who Received Care	Amount Requested for Reimbursement
<b>Total Request for Reimbursement:</b>				

**EMPLOYEE'S CERTIFICATION FOR REIMBURSEMENT**

I hereby certify that the above information is correct and request payment through my Dependent Care Flexible Spending Account. I further certify that these expenses have not been previously reimbursed through this Account or any other kind of tax-free account. I understand that by law, when I file my Federal income tax return, I am not allowed to claim a tax credit for any expense that is reimbursed through my Dependent Care Flexible Spending Account. Payment of an expense through this Account does not necessarily mean that the University considers the expense to be eligible by Internal Revenue Service (IRS) standards. I understand that it is my responsibility to ensure that all expenses for which I request reimbursement are eligible expenses (i.e., tax deductible according to the IRS).

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR HUMAN RESOURCES USE ONLY</b>