



Old Dominion University Research Foundation

Request for Dependent Care Reimbursement

Instructions: Please complete this form for each reimbursement requested; attach appropriate paid bill/receipt and forward to *Human Resources via campus mail or via U.S. mail to Old Dominion University Research Foundation, P.O. Box 6369, Norfolk, VA 23508. Please print clearly.*

Employee Name: _____
(Last) (First) (Middle Initial)

Social Security Number: _____ **Business Phone:** _____

Reimbursement for:

Dependent Receiving Service, and Relationship: _____

Date Service(s) Provided: _____

Amount of Reimbursement Requested: _____

I certify to the best of my knowledge and belief that my statements in this Request for Reimbursement are complete and true. I am claiming reimbursement only for eligible expenses incurred during the applicable plan year and for eligible plan participants. I certify that these expenses have not been / will not be reimbursed under this or any other benefit plan and will not be claimed as income tax deduction.

Employee Signature: _____ **Date:** _____

All dependent care Receipts require the following:

- fully itemized bill / receipt / contract for services
- the dependent(s) name
- the period during which the service was rendered
- the name, address, and taxpayer identification number of the individual or organization providing the service
- specifically indicates child / dependent care services
- proof of payment and amount paid
- signed by the care provider

Advance reimbursement of future or projected expenses is not permitted. This means that you cannot request reimbursement prior to the end of the dates of service, even if you pay for the service in advance (i.e., services from November 1 – 15 cannot be reimbursed until after November 15 services have been rendered, even if the care was paid for in October).