



DEAN OF FACULTY

DEPENDENT TRAVEL REQUEST FORM

Faculty members may draw on their research funds for dependent travel expenses for up to a maximum of \$2000 per academic year. Funds from sponsored accounts may only be used if dependent care is explicitly allowed by the sponsor. Please note this is a taxable benefit. A faculty member may request funds to be grossed up to account for taxes (see below).

This form must be submitted and approved by Associate Dean BEFORE any travel arrangements are made.

Name: _____ **Academic title:** _____

Department or Program affiliation: _____

Travel Destination (City, State, Country): _____

Conference/Meeting Name (if applicable): _____

Business Purpose of Trip: _____

Travel Dates: From _____ **To** _____

Justification for needing dependent travel and/or childcare (please provide details): 200-word limit

Requested Dependent Expenses - Estimated (up to \$2000 per academic year)

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

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

Meals: \$ _____ **Other expenses:** \$ _____

Explanation:

Estimated Total Dependent Related Expenses: \$ _____

Chart String for Reimbursement (Faculty funds): _____

Request to use faculty funds to gross-up reimbursement to cover taxes? Yes _____ No _____

If the total dependent-related expenses exceed the pre-approved amount, the faculty member will cover the excess.

NOTE: Personal funds must be used for all expenses – none may be charged to a Dartmouth credit card.

Traveler Certification

I certify that I am requesting dependent/childcare support as described in the Faculty Handbook and am requesting a stipend to offset costs related to business activities. I understand that personal funds must be used for these expenses and the reimbursement for approved expenses will be included in my regular paycheck as taxable income.

Print Name: _____ **Date:** _____

Signature: _____

Associate Dean Approval

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

Associate Dean Name: _____ **Date:** _____

Signature: _____

Please submit completed form along with associate dean's approval to the Arts & Sciences Finance Center (asfc@dartmouth.edu) for processing. Once received, your finance specialist will contact you with the materials for processing the reimbursement.