

**CANISIUS COLLEGE/CANISIUS CARE
DEPENDENT CARE SPENDING ACCOUNT CLAIM FORM**

BANNER ID #: _____ **Phone Extension:** _____ **Claim Page #** _____ **of** _____

EMPLOYEE NAME: _____
Please Print First M.I. Last

EXPENSES TO BE REIMBURSED:
(Minimum reimbursement is \$50 and claims received by the 20th of the month will be reimbursed at the end of that month.)

- Instructions:**
* Type of Service - use letter codes: **A** = Day Care **B** = Baby-sitter **C** = Nursery School
D = Housekeeper **O** = Other
** Relationship - use letter codes: **C** = Child **S** = Spouse **P** = Parent

Type of Service*	Date of Service mm / dd / yy	Dependent Name	Dependent S.S. #	Relationship**	Amount
_____	___/___/___	_____	_____	_____	\$ _____
_____	___/___/___	_____	_____	_____	\$ _____
_____	___/___/___	_____	_____	_____	\$ _____
_____	___/___/___	_____	_____	_____	\$ _____

➔ **Please send documents to:** _____ **GRAND TOTAL** \$ _____
Karen Kosowski, Controller's Office.

NAME OF PERSON PROVIDING CARE (For Child, Parent, Other Dependent):

Name: _____ Tax ID # / S.S. # _____
Name: _____ Tax ID # / S.S. # _____

Are you related to the person PROVIDING dependent care services? Circle: Yes or No
If Yes, please explain relationship: _____

NOTE: Your dependents are NOT eligible providers of dependent care. For example you cannot have your teenage son or daughter provide services for your infant child. Be sure to attach receipts, cancelled check(s) or other proof of payment.

I certify that the expenses listed above have been incurred by me and qualify for reimbursement. I agree that I will not receive reimbursement for these expenses from any other source or declare such expenses as a deduction on my personal income tax. The original receipts or other documentation for the above expenses are attached.
EMPLOYEE SIGNATURE _____ **DATE** _____

CONTROLLER USE ONLY: Year _____ Date _____ Amount _____
I Document # _____ Date of Check _____ Check # _____

What Are Eligible Health Care Expenses?

You can use the Dependent Care Spending Account to be reimbursed for child or other dependent care expenses up to the amount in your account.

An individual who qualifies for dependent care services is a dependent of yours who is under the age of 13, a dependent child of any age who is physically or mentally incapable of self-care, or a spouse or other dependent who is physically or mentally incapable of caring for himself or herself, regardless of age.

In order to use your Dependent Care Spending Account, you must be sure that certain conditions required by the Internal Revenue Service are met. Services will qualify for reimbursement under the plan if they meet these requirements:

- Expenses for dependent care that enable you and your spouse (if you are re-married), or just you (if you are a single parent), to remain gainfully employed or to attend school on a full-time basis.
- Services of a licensed nursery school or day care center which complies with the laws and regulations of the state where it is located.
- Housekeepers in your home, including their food and lodging, if they are in your home chiefly to assist in dependent care.
- Payments to individuals (who are not your dependents for federal income tax purposes) who provide care in or outside of your home.

NOTE: Services provided by another dependent (such as a teenage son or daughter baby-sitting for a sister or brother) are **not** eligible. Also, general baby-sitting when you are not working is also excluded.