

## Family Travel Substantiation

This form is to be completed by the employee and kept on file by the department for all instances of family travel. A copy of this form must be provided upon request for internal or external audit purposes. A copy must be forwarded to Regulatory Accounting at C-233 ASB for all instances of unsubstantiated, unreimbursed family travel.

Employee Name: \_\_\_\_\_ University ID No: \_\_\_\_\_  
Family Member(s): \_\_\_\_\_ Destination: \_\_\_\_\_  
Relationship(s): \_\_\_\_\_ Travel Dates: \_\_\_\_\_  
Family Travel Expense(s): \_\_\_\_\_ Travel Plan No: \_\_\_\_\_

When the University pays for a family member to accompany a University employee on travel, the Internal Revenue Code requires that the family member's travel must be reported as income to the employee unless the employee reimburses the expenses or the family member's travel has a substantiated "bona fide business purpose". Department approval, complying with other University policy, or being of benefit to the University do not establish a business purpose.

Necessary services establish a bona fide business purpose such as foreign language translation, operating a trade show booth, providing assistance to a disabled employee, and providing required technical and administrative support. Helpful services, incidental functions, and social reasons do not create a business purpose, specifically hosting or attending social functions even if it is customary or intended for spouses to attend. One rule of thumb is to ask whether the University would have sent another employee to fulfill the same functions had the family member not gone.

1. Does the family member have a bona fide business purpose for accompanying the University employee?  
 Yes, skip question 2 and describe the business in question number 3  
 No, answer question number 2
2. Has the employee reimbursed the University for the family member's travel within 60 days of the travel?  
 Yes, please substantiate the reimbursement in question number 3  
 No, the family travel must be added to the employee's taxable wages and payroll taxes will be withheld over two paychecks (unless the employee arranges otherwise); a copy of this completed form must be promptly forwarded to Regulatory Accounting at B-280 ASB
3. Describe the family member's bona fide business purpose or substantiate employee reimbursement as applicable, attach extra pages or use the back as necessary.

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**Signatures:**

Department Controller: \_\_\_\_\_ Date: \_\_\_\_\_  
Dean/Chair/Director: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please contact Regulatory Accounting at 422-8098 with questions regarding this form or determining business purpose.