



Office of Tax Compliance

## DOCUMENTATION AND APPROVAL OF SPOUSAL/COMPANION TRAVEL EXCEPTION FORM

### You should complete this form when:

1. You are requesting authorization for your spouse/companion to accompany you on a University business trip, and
2. A bona fide business purpose exists for your spouse/companion to make the trip.

### Instructions:

Complete the form and submit the signed form to the Office of Tax Compliance for review and approval **PRIOR** to travel. This form serves to document the business purpose of the trip and it is intended to comply with the substantiation requirements in accordance with University and Internal Revenue Service guidelines. If this form is not approved prior to travel, the amount of reimbursable expenses associated with your spouse/companion will be automatically added to your taxable wages. Applicable taxes will be withheld on those amounts.

This form requires final approval by the Executive Vice President, Treasurer and Chief Operating Officer. Please email this form to the Office of Tax Compliance at [taxdept@drexel.edu](mailto:taxdept@drexel.edu) **PRIOR** to any expenses being incurred to determine if a valid business purpose exists to support the payment or reimbursement of the spousal/companion travel expenses. If it is determined there is no bona fide business purpose, then the travel expenses are personal expenses of the employee or authorized person conducting business on behalf of the University ("employee") and should not be charged to a University P-Card or paid with University funds.

---

### Employee Information:

Employee Name/Title

University ID

Date Submitted

Department

Email Address

Telephone Number

---

### Travel Information:

Name of Spouse/Companion

Travel Location(s)

Travel Date(s)

---

**Business Purpose of Spouse/Companion's Attendance:** The description of the business purpose must contain sufficient detail to support that the expense has a bona fide business purpose for the University.

---

### Duties Performed by Spouse/Companion:

---

**Estimated Spousal/Companion Travel Costs:**

---

**Additional Comments:**

---

**Signatures and Dates:**

Employee Name (printed)	Employee Signature	Date
Office of Tax Compliance Name	Office of Tax Compliance Authorized Signature	Date
Executive Vice President, Treasurer, and Chief Operating Officer Name	EVP, Treasurer and COO Signature	Date