

ABILENE CHRISTIAN UNIVERSITY
Spousal Accompaniment Approval Form

If approved, this form must be submitted with the appropriate expense report(s) that includes the spouse's expenses.

Date Requested: _____

Employee Name: _____

Banner ID: _____

Department Name: _____

ACU Box: _____

Supervisor's Name: _____

Date(s) of Entertainment Event or Business Trip: _____

Location & Purpose of Entertainment Event or Business Trip: _____

What spousal expenses are expected to arise from this entertainment event or business trip?

Is your spouse providing a service to ACU?

☐ Yes - Provide a brief description below of the service your spouse is providing.

☐ No - If a legitimate service is not provided, ACU will not fund these spousal expenses.

REQUIRED SIGNATURES

Employee: _____

Direct Supervisor, Dean, or Provost: _____

Tax Director or Designee: _____

To be completed by the tax director or designee:

Are these spousal expenses taxable income to the employee?

☐ Yes

☐ No