

**NRSA Childcare Allowance
Harvard University Reimbursement Request Form**

For NRSA taxable [childcare allowance reimbursements](#) to be processed, please complete the following form and submit it to your local research administrator or equivalent role for approval. Once approved, submit the approved form to the local financial processor to complete payment or reimbursement following the process outlined in the Processing [Childcare Costs Matrix](#).

If submitting requests for more than one childcare provider, a separate form for each childcare provider is required.

Reimbursee must complete all the following fields and provide documentation that includes childcare receipt, childcare license number, and dates of service provided:

Date of Request:	
Name of Fellow or Trainee requesting reimbursement:	
Fellow or Trainee HUID Number:	
Name of Licensed Childcare Provider:	
Dates of service:	
State License Number of Childcare Provider:	

Awarded amount for budget year	\$2,500
Childcare reimbursed to date	
Amount of childcare expenses this request	
Balance remaining (if any)	

Recipient Certification of Eligibility and Compliance (Signature Required)

By signing below, I certify and attest that:

- I meet the requirements to be reimbursed for these costs. *Reference: Fellowship guidance and FAQs on [NIH NOT-OD-21-074](#) and FAQs on [NIH NOT-OD-21-177](#).*
- I am either a NIH NRSA fellow or training grant appointee.
- Dependent child(ren) living in my home from birth are under the age of 13 or are disabled and under age 18.
- Childcare was provided by a licensed childcare provider during the dates of service stated above and expenses were paid by me and not previously reimbursed by any other source.
- I understand that the NRSA childcare cost stipend is tax-reportable by IRS requirements.
- I have included receipts from a state licensed childcare provider and I will retain all documentation and will provide copies should the sponsor request them.

NRSA Reimbursee's Printed Name:	
Reimbursee's Signature:	
Date:	

A local research administrator or equivalent individual with direct knowledge of the project must verify allowability and approve this form:

See [Guidance](#) and [Procedures](#) for more information.

Approver Checklist

Please confirm and sign below.

- Ensure the signed form and the required supporting documentation are included.
- Provide the 33-digit account string for the NRSA mechanism and trainee: _____
- Confirm the requested childcare service dates are within the following:
 - For training grants, refer to the trainee appointment dates
 - For fellowships, refer to the budget period
- Review the trainee’s childcare payments to date and confirm the following:
 - If partially paid, ensure the total of the paid and current requested amount does not exceed \$2,500 (the budget period limit per trainee)
 - Ensure the current requested amount and service dates have not already been paid.

Checklist Approver Printed Name:	
Approver Signature:	
Date:	

For processing payments, please refer to the “[Processing Childcare Costs Matrix](#)” document. All payments must be processed using the appropriate object code listed on the matrix.

The signed form and related documents must be kept on file by the local level managing unit in GMAS in the segment repository.