Ferris State University
Authorization Request Form

Employee Spouse Expense

Employee Name: _____

Employee Banner ID: _____

Spouse Name: _____

Event/Activity: _____

Date of Event/Activity: _____

Cost: _____

FOAP: _____

Business Purpose: _____

_____

Per IRS Publication 15B & Publication 463 spousal expenses may be taxable to the employee. By my signature below, I acknowledge that I am aware any amounts paid by the University for spouse expenses may be reported on my W-2.

_____ _____
Employee Signature Date

Approve ☐ **Disapprove** ☐

_____ _____ _____
Print Manager Name Manager Signature Date

Approve ☐ **Disapprove** ☐

_____ _____ _____
Print Vice President Name Vice President Signature Date

Comments:

_____

_____

Submit copy of completed form to: Director of Accounting Services, PRK-259 for determination of taxability

Taxable ☐ **Non-Taxable** ☐