



Adoption Assistance Reimbursement Request Form

Important Notes: Please read prior to completing this form

1. *To prevent delays in processing, please complete all requested information*
2. *Faxed copies of the completed form are not acceptable*
3. *Staple all requested documentation to this form*
4. *A copy of the adoption placement certificate or final adoption decree is required*
5. *All receipts must be in U. S. dollars*

Section I. Employee Information

Name: _____
Last First MI

Social Security Number Daytime Phone e-mail address

Spouse's Name: _____
Last First MI

Spouse's Social Security Number: _____

Section II: Adoption Information

Adopted Child's Name: _____
Last First MI

Child's Social Security Number Date of Adoption (attach documentation)

Section III: Eligible Adoption Expenses

Date Eligible Expense Incurred MM/DD/YY	Date Expense Paid	Amount of Eligible Expense	Description of Eligible Expense <i>Attach copies of itemized bills or documents</i>

Total Amount to be Reimbursed _____ *(maximum allowable is \$2,000 per child)*

Section IV: Employee Certification

I certify to the best of my knowledge that the expenses included in this request are eligible adoption expenses. I understand that it is my responsibility to verify with the IRS or my tax consultant the tax implications of receiving this money, and that I assume all tax liability for this reimbursement.

Employee's Signature Date