



ADOPTION ASSISTANCE REIMBURSEMENT FORM

Employee Information

Name (Last, First, Middle Initial):	Employee ID:
Work Location:	Date of Hire:
Home Address:	City State Zip
Email:	Daytime Phone:

Adoption Information

Adopted Child's Name (Last, First, Middle Initial):	Original Country of Birth or Residence:	
Date of Birth:	Date of Adoption:	Date of Placement:

Eligible Adoption Expenses

Please attach adoption documentation, including copies of itemized bills. A copy of the adoption placement certificate or final adoption decree is required.

Date of Service	Service Provider	Type of Service (Fees, Travel, etc.)	Dollar Amount

Total Reimbursement Requested \$ _____

Employee Certification

I certify to the best of my knowledge, that the expenses included in this request are eligible adoption expenses and that I am responsible for payment of these 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 Signature: _____ Date: _____

Please return form and documentation to your Regional HRBP.