**ADOPTION ASSISTANCE REIMBURSEMENT REQUEST**

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| --- | --- | --- | --- |
| Employee Name |  | Employee ID |  |
| Child Name |  | Child DOB |  |

Eligible expenses include, but are not limited to, Agency Fees, Home Studies, Legal Fees, Travel, etc. It is intended that this Plan meet the criteria and conditions set forth in Section 137 of the Internal Revenue Code pertaining to adoption assistance programs. See regulation for more information.

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| **Date Paid**  | **Description** | **Amount** |
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Please include a copy of the receipts for all expenses listed above. A copy of the final adoption paperwork will be required upon completion.

I would like to apply for reimbursement of adoption expenses for the child indicated above. I certify that this is a claim for allowable expenses under the adoption assistance program.

Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_