



Date: _____

Soc Sec #/ RIN #: _____

Employee Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Work Address: _____

Work Phone #: _____ Home Phone #: _____

Employee Request for Reimbursement:

I am applying for reimbursement of adoption expenses listed below. I confirm that:

_____ whose birth date is
(Name of Child)

_____, is the child who was placed in my home for the purpose of adoption.
(Date of Birth)

The date for adoption finalization was _____.
(Date of Adoption)

(Name of Child)

(Date of Adoption)

(Name of Second Child – if applicable)

(Date of Adoption)

(Name of Third Child – if applicable)

(Date of Adoption)

