ADOPTION ASSISTANCE REIMBURSEMENT REQUEST



Social Security Number			Name			
Date of Hire		Depa	Department/Branch Loc		cation Code	
Eligible Adoption Expe	enses:					
Date Paid:	Amount:		Description:			
Total Reimbursement:						
I request reimbursement	_	_				
was placed in my home						
finalization, if known, is adoption expenses under	S		I c		_	
Note: Please attach red	ceipts in US dolla	urs for all	expenses listed as w	vell as a copy	of the adoption decree	
Applicable taxes will be determine the tax implication	-			ould contact a	qualified tax advisor to	
determine the tax implies	adons of these felli	nour semel	113.			
Signature			Date			