



ADOPTION ASSISTANCE CLAIM FORM

(Please type or print in black or blue ink.)

I. Employee Information

Employee Name	_____		
Social Security Number	_____	Date of Hire	_____
Job Title	_____		
Home Address	_____		
City	_____	State	_____ Zip _____
Home Telephone Number	(_____) _____		

II. Eligible Adoption Expenses

Date Paid	Amount	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Reimbursement	_____	

- Please attach receipts in U.S. Dollars for all expenses listed above.
- A cancelled check alone will not be considered sufficient documentation.
- Applicable taxes will be withheld from reimbursement.

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III. Employee Request for Reimbursement

I am applying for reimbursement of adoption expenses listed on the previous page, confirming that

_____ whose birth date is _____,
(Child's Name)

was placed in my home for the purpose of adoption on _____.
(Date)

I certify that this is a claim for allowable expenses under the city of Richardson's Adoption Assistance Policy.

Signature of Employee

Date