

St. John's University Adoption Reimbursement Request Form

Employee Information:

| | |
|-----------------------------|------------------------------|
| Employee Name _____ | Social Security Number _____ |
| Home Address _____ | |
| City _____ | State _____ Zip Code _____ |
| Home Telephone Number _____ | Work Telephone Number _____ |

Eligible Adoption Expenses:

| Date Paid | Amount | Description |
|----------------------|--------|-------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| Total Reimbursement: | _____ | |

Note: Please attach receipts in U.S. dollars for all expenses listed above, as well as a copy of the adoption placement decree.

Employee Request for Reimbursement:

I am applying for reimbursement of adoption expenses listed above, confirming that _____,
(Child's name)
whose birth date is _____, was placed in my home for the purpose of adoption on _____.
(Date)

The date for adoption finalization is _____.

I certify that this is a claim for allowable expenses under the St. John's University Adoption Assistance program.

(Signature of employee)

(Date)