



ADOPTION ASSISTANCE REIMBURSEMENT REQUEST FORM

Important: Please read prior to completing this form:

1. To prevent delays in processing, please complete all requested information.
2. Staple all requested documentation to this form.
3. A *copy* of the adoption placement certificate or final adoption decree is required.
4. All receipts must be in U.S. dollars.
5. For more information, contact Human Resources at (630) 407-6300.

Section I: Employee Information (Please print)

Employee Name _____
Last First MI
 Social Security # _____ Daytime Phone # _____
 Other Parent's Name _____ Social Security # _____
Last First MI

Section II: Adoption Information (Please print)

Adopted Child's Name _____
Last First MI Date of Birth
 Child's Social Security # _____ Date of Adoption _____
(Attach Documentation)

Section III: Eligible Adoption Expenses (Maximum allowable is \$1,500 per child)

Date Expense Incurred <i>mm/dd/yyyy</i>	Date Expense Paid	Amount of Eligible Expense	Paid To	Description of Eligible Expense (Attach <u>copies</u> of itemized bills or documents)
Total to be reimbursed		\$		

Section IV: Employee Certification

I certify to the best of my knowledge, that the expenses included in this request are eligible adoption expenses. I understand that it is my responsibility to verify with the IRS or my tax consultant the tax implications of receiving this money, and that I assume all tax liability for this reimbursement.

 Employee's Signature (must be original)

 Date