

Adoption & Surrogacy Assistance Program Reimbursement Form

Fill form out completely and send to HR Source via email at: hresource@vmware.com

Employee Name

Employee ID

Adopted/Birth Child's Name

Adoption Finalized/Birth via Surrogate Date
(Documentation Required)

Adoption/Surrogacy Agency

Adoption/Surrogacy Agency Tax ID

Reimbursable Expenses – Requires Documentation (Letter from agency or receipts of eligible expenses indicating the amount, date, nature of expense, name of person, name of organization or entity to which the expense was paid.) For a complete list of eligible expenses, visit the [Adoption/Surrogacy Assistance Program](#) on the US Benefits website.

Eligible Non-Medical Expenses:	Agency Fees	\$ _____
	Placement Fee	\$ _____
	Legal Fee	\$ _____
	Court Fees	\$ _____
	Other: _____	\$ _____
Eligible Medical Expenses:	Medical Care for Birth Mother	\$ _____
	Medical Care for Child	\$ _____
Total Requested Eligible Expense:		\$ _____

I certify the above is true and correct. I understand the tax implication and realize it is my responsibility to file the appropriate taxes on my personal tax return and these expenses have not been previously claimed by me for purposes of receiving a tax credit.

Employee Signature

Date