

Adoption & Surrogacy Assistance Program Reimbursement Form

Fill form out completely and submit it with the required documentation via HelpNow Ticket to HR Source.

Personal Information

Employee Name	Employee ID
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Type of Reimbursement Request

Adoption. Required Documentation: (specify)

Agency Name	Agency Tax Identification Number	Adoption Finalization Date
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Tax Implications: (specify)

Surrogacy. Required Documentation: (specify)

Agency Name	Agency Tax Identification Number	Child(ren) Date of Birth
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Tax Implications: (specify)

Expenses Requested for Reimbursement

For a complete list of eligible expenses, visit the [Adoption/Surrogacy Assistance Program](#) on the US Benefits website. For more information, visit www.irs.gov

Service Date	Paid To	Services Received <i>Agency, Placement, Legal, Court, Medical (Parent), Medical (Child), Other (describe)</i>	Amount Paid

Service Date	Paid To	Services Received <i>Agency, Placement, Legal, Court, Medical (Parent), Medical (Child), Other (describe)</i>	Amount Paid
TOTAL AMOUNT OF REIMBURSEMENT REQUEST <i>(tally receipts & enter total)</i>			

Signature

I certify that the adoption/surrogacy event, the associated expenses incurred, and the supporting documentation provided are true and accurate. I understand the tax implication associated with my reimbursement request and realize it is my responsibility to file the appropriate taxes on my personal tax return. I also confirm these expenses have not been previously claimed by me for purposes of receiving a tax credit.

Employee Signature

Date