



Reimbursement Request - Adoption Assistance Program

Instructions: Please read and complete all information requested below. Ensure that all information given is accurate and correct. Forward completed form and required documentation to: Adoption Assistance Program, Employee Services, OJRP-13, P.O. Box 26666, Richmond, VA, 23261

| | | |
|--|---------------|--------------------------------|
| Employee Information (Please type or print) | | |
| Employee Name | | Personnel Number |
| Organizational Unit (Department) | | Location |
| Telephone Number (Work) | | Telephone Number (Home) |
| Home Address | | |
| City | State | Zip Code |
| Eligible Adoption Expenses (Must be incurred on or after July 1, 1998) | | |
| Date Incurred | Amount | Description |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Requested Reimbursement _____ | | |
| Note: | | |
| <ul style="list-style-type: none"> • You must attach a copy of the U.S. adoption placement decree. • Attach receipts in U.S. dollars for all expenses listed above. • Applicable federal, state and local taxes will be withheld from your reimbursement. | | |
| Employee Request for Reimbursement | | |
| I request reimbursement of adoption expenses listed above, confirming that _____ whose birth date is _____, was placed in my _____ | | |
| (Child's Name) | | |
| home for the purpose of adoption on _____ | | |
| (Date) | | |
| Date for adoption finalization _____ | | |
| I certify that this is a claim for allowable expenses under the Dominion Adoption Assistance Program. | | |
| _____ | | _____ |
| (Employee Signature) | | (Date) |

To Be Completed by Employee Services

Total Approved Reimbursement _____

(Employee Services Signature)

(Date)

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