



ADOPTION ASSISTANCE REIMBURSEMENT REQUEST FORM

Important notes. Please read prior to completing this form:

1. To prevent delays in processing, please complete all requested information.
2. Faxed copies of the completed form are not acceptable.
3. Staple all requested documentation to this form.
4. A copy of the adoption placement certificate or final adoption decree is required.
5. All receipts must be in U.S. dollars.

Employee's Name: Last First MI

Daytime Phone E-mail Address

Spouse/Partner's Name: Last First MI Social Security Number (required)

Adopted Child's Name: Last First MI Date of Birth

Child's Social Security Number (required) Date of Adoption (Attach Documentation)

Date Eligible Expense Incurred MM/DD/YY	Date Expense Paid	Amount of Eligible Expense	Paid To	Description of Eligible Expense (Attach <u>copies</u> of itemized bills or documents)

Total Amount to be Reimbursed: _____ (Maximum allowable is \$5,000 per child.)

I certify to the best of my knowledge, that the expenses included in this request are eligible adoption expenses and that I am responsible for payment of these 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 Date

If you need further assistance or have questions, contact the Office of Human Resources at (740) 364-9550, abbott.123@osu.edu.

Return completed form to: Central Ohio Technical College, Office of Human Resources, 1179 University Drive, Newark, OH 43055.