



Adoption Benefit Financial Reimbursement Form

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.

Section 1: Employee Information

Employee Name: _____ OHIO EE ID#: _____ OHIO Email: _____
 Employee Spouse Name: _____ SS# or OHIO EE ID if employed: _____

Section 2: Adoption Information

Adopted Child's Name: _____ Date of Birth: _____
 Child's SS#: _____ Date of Adoption: _____

Section 3: Eligible Adoption Expenses

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

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

Section 4: Employee Certification

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 money, and that I assume all tax liability for this reimbursement.

Employee Signature: _____ **Date:** _____

If you need further assistance or have questions, contact University Human Resources at (740) 593-1636 or benefits@ohio.edu

Return form and supporting documentation to: Ohio University Resources, 169 West Union Street, Athens, OH 45701