St. John's University Adoption Reimbursement Request Form

Employee Name	Social Security Number		
Home Address			
City			
Home Telephone Number	Work Telephone Number		
Eligible Adoption Expenses	:		
Date Paid	Amount	Description	
The state of the s			
Total Reimbursement:			
Note: Please attach receipts in U.S. dol	llars for all expenses listed abo	ove, as well as a copy of the adop	tion placement decre
E describer Description	1		
Employee Request for Rein	ibursement:		
I am applying for reimbursement of ad	loption expenses listed above	, confirming that	(Child's name)
whose birth date is, v	vas placed in my home for the		
The date for adoption finalization is _			(Date)
I certify that this is a claim for allowable	le expenses under the St. John	n's University Adoption Assistanc	ce program.
(Signature of employee)		(Date)	