

Please complete one form per child

Applicant Parent 1: _____ ID Number: _____

Eligible Adoption Expenses

Date Paid	Amount	Description
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
TOTAL		

Employee request for reimbursement

I would like to apply for reimbursement of adoption expenses listed above, confirming that I am in the process of adopting _____, whose birth date is _____.

I certify that this is a claim for allowable expenses under the ministry adoption reimbursement program.

Signature of Applicant Parent

Date

Please return to the Benefits Coordinator, AE-17

Office Use Only:

Receipts Submitted

Sent to Payroll

Final Decree Received

Benefits Coord Intial

Agent for Employer

Amount Previously Reimbursed