MOODY BIBLE INSTITUTE
ADOPTION ASSISTANCE REQUEST FORM

Employee Information

Employee Name:_____

Social Security: _____Hire Date:_____

Address:_____

City _____State: _____Zip:_____

Total Yearly Household Income: ❑ less than $75,000 ❑ more than $75,000
❑ more than $115,000

Eligible Adoption Expenses

Date Paid	Amount	Description
Total Reimbursement:		

Note:

- Please attach receipts in U.S. dollars for all expenses listed above, as well as a copy of the adoption placement decree.
- Applicable federal, state and local taxes will be withheld from your reimbursement.

Employee Request for Reimbursement

Adopted Child's Name: _____

Birth Date: _____Sex: _____Adoption Date:_____

Agency or Attorney Name: _____

Taxpayer's I.D.#_____

Address:_____

Phone: _____Fax: _____

I certify that this is a claim for allowable expenses under the Moody Bible Institute's adoption assistance program.

_____ _____

Signature Date

Human Resources Use Only

Adoption: Approved_____ Denied _____

Reason:_____

Total Eligible Expenses: _____

Human Resource Signature _____ Date _____