SCHEDULE B: Wright State University Adoption Assistance Reimbursement Request Form

Name of Employee:	UD
Name of Child to be Adopted:	Date of Birth
Date Child placed in Residence :	
Date of Final Adoption (Or projected date)	
Attach the following:	
Itemized receipts for incurred qualified adoption	expenses
Copy of Adoption Placement Certificate	
I hereby certify that this is a request for certified adoption assistance benefits as required under IRS section 137.	
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Employee Name

Date:

Submit this form with receipts to: Adoption Plan Administrator, Department of Human Resources, Wright State University