



Adoption Assistance Program Expense Reimbursement Application

Instructions

Before completing this form, please read about Columbia's Adoption Assistance Program in *Benefits in Brief*, available online at www.hr.columbia.edu. Contact the HR Benefits Service Center at 212-851-7000 if you have questions about this form or, more generally, about Columbia's Adoption Assistance Program.

The subject policy will be coordinated through Deidre Flowers, whom you may call at 212- 851-0639 or email at db494@columbia.edu. When you have completed, printed and signed the form, call Ms. Flowers for an appointment to review the form, associated verifying documents and original invoices/receipts.

Employee Information

EMPLOYEE ID: _____ Last Name: _____ First Name: _____

Home Address: _____ Apt. #: _____

City, State, ZIP: _____ Home Phone: (_____) _____ - _____

Columbia Address: _____ Work Phone: (_____) _____ - _____

Child Information

I confirm the following:

- Child's Name: _____
- Child's Date of Birth (mm/dd/yyyy): ____ / ____ / ____
- Date child placed in my home for the purpose of adoption (mm/dd/yyyy): ____ / ____ / ____
- Date, or anticipated date, for finalization of chld's adoption (mm/dd/yyyy): ____ / ____ / ____

Request for Reimbursement

I am applying for reimbursement of the following adoption expenses:

Date of Expense (mm/dd/yyyy)	Description (Include name of person, organization, or entity to which expense was paid. Attach original itemized bills, and receipts or cancelled checks.)	Amount
/ /		\$
/ /		\$
/ /		\$
/ /		\$
/ /		\$
/ /		\$
Total Requested Reimbursement:		\$



Employee Statement of Understanding

I certify that the receipts or cancelled checks I am submitting are qualified adoption expenses under Columbia University's Adoption Assistance Program. Qualified adoption expenses include reasonable and necessary adoption fees, court costs, attorney fees, and other expenses directly related to, and whose principle purpose is for, the legal adoption of an eligible child under 18 years of age (whether or not the placement occurs).

I certify that these expenses are not incurred in violation of state or federal law or in carrying out any surrogate parenting agreement, nor are these expenses incurred in connection with my adoption of the child of my spouse or domestic partner. Furthermore, these expenses have not been nor will they be reimbursed under an employer plan other than this Adoption Assistance Program, nor have they been previously reimbursed by Columbia's Adoption Assistance Program, nor by any other source.

I further acknowledge that to the extent that any income tax exclusion or credit may be available to me, I cannot claim the exclusion and the credit for the same expense.

I understand that Columbia University does not make any commitment or guarantee that amounts paid to me under this Adoption Assistance Program will be excludable from my gross income for federal, state or local income tax purposes, or that any other federal tax treatment will apply to or be available to me. I understand that it is my obligation to determine whether any payment made under the Adoption Assistance Program is excludable from my gross income for federal income tax purposes.

Signature: _____ Date (mm/dd/yyyy): _____