



ADOPTION ASSISTANCE REIMBURSEMENT FORM

Section I. Employee Information

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	M.I.	Employee ID
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email	Contact Number	Work Location	

Section II. Child's Information

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Date of Birth	Date Adoption Finalized

Section III. Qualified Adoption Expenses

Date Paid	Amount Paid	Description
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>

Reimbursement Amount Requested: \$

Attach copies of itemized receipts or other documentation for expenses listed above, along with the legal adoption decree. All receipts and documents must be translated into English and monetary amounts listed in U.S. dollars. ***All requests for reimbursement must be submitted within six (6) months of the finalization of the adoption.**

I certify and agree that the amounts listed in Section III are Qualified Adoption Expenses as outlined in Graham Packaging's Adoption Assistance Program policy and are for expenses incurred during, and are directly related to, the adoption of the above-named child. I certify that none of the amounts in Section III are eligible for reimbursement by any other company or agency. I acknowledge that Graham Packaging has not provided advice on tax implications that could arise through reimbursement of amounts listed in Section III. I agree that I am responsible for all tax liability that could arise through reimbursement of the amounts in Section III.

<input type="text"/>	<input type="text"/>
Employee Signature	Date

