

MAXAR

TECHNOLOGIES

Adoption Reimbursement Claim Form

Section I: Employee Information				
<div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div style="width: 45%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="width: 45%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> </div> <div style="display: flex; justify-content: space-between;"> Last Name First Name </div> <div style="margin-top: 10px; border-bottom: 1px solid black; margin-bottom: 5px;"></div> Spouse/Partner's Name				
Section II: Adoption Information				
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Date of Application (Application Attached)				
Section III: Eligible Adoption Expenses				
Date Eligible Expense Incurred	Date Expense Paid	Amount of Eligible Expense	Paid To	Description
Total Amount to Be Reimbursed:				(Maximum allowable is \$7000 per child)
Section IV: Employee Certification				
<p>I certify to the best of my knowledge to the best of my knowledge, that the expenses included in this request are eligible adoption expenses and that I am responsible for payment of these expenses. I understand that it is my responsibility to verify with the IRS or my tax consultant the tax implications of receiving this money, and that I assume all tax liability for this reimbursement.</p>				
<div style="border-bottom: 1px solid black; width: 100%;"></div> Employee's Signature				<div style="border-bottom: 1px solid black; width: 100%;"></div> Date