



Adoption Assistance Financial Reimbursement Form

Please submit the completed form with accompanying documentation to benefits@sabre.com.

Team Member Information

Name	
Home Street Address	
City, State, Zip	
Phone Number	

Eligible Adoption Expenses

Date Paid	Amount	Description
TOTAL		

NOTE: Please attach copies of receipts in U.S. dollars for all expenses listed above. Applicable taxes will be withheld from your reimbursement.

Employee Request for Reimbursement

I am applying for reimbursement of adoption expenses listed above, confirming that _____ (child's name), whose birth date is _____ (date) was placed in my home for purpose of adoption on _____ (date). The adoption was finalized on _____ (date). I have attached a copy of the court approved adoption papers for documentation.

I certify that this is a claim for allowable expenses under the Sabre Adoption Assistance Policy.

Team Member Signature

Date