

Request for Adoption Expense Reimbursement

Employee Name: _____

Employee's Department: _____

Dartmouth ID: _____

Date of Service	Description of Service

Employee Signature: _____

Date: _____

Attach copies of all receipts to this completed form and deliver to:

**Ashley Buck, Health Benefits Administrator, at 7 Lebanon Street, Suite 203,
Hanover, NH 03755-2112, or via Hinman mail at HB 6042.**