

# ADOPTION ASSISTANCE PROGRAM

## Expense Reimbursement Request Form



### Employee Information

Enter all of the information requested.

**Name** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

**Home Street Address** \_\_\_\_\_

**City, State, ZIP Code** \_\_\_\_\_

**Home or Mobile Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Email Address** \_\_\_\_\_

### Adoption Expenses

Enter each eligible expense you are submitting for reimbursement on a separate line. If you need more room to itemize expenses, please complete another form.

Date Paid	Amount	Description
<b>Total</b>		

IMPORTANT NOTE: Along with this form, you'll need to submit bills or receipts that substantiate the nature and amount of each expense incurred. Applicable taxes will be withheld from your reimbursement.

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### Employee Certification

I declare that I have finalized the adoption of \_\_\_\_\_  
*Enter the name of the person being adopted*

\_\_\_\_\_  
*Enter the birth date of the person being adopted*

I confirm that I have received and read the Adoption Assistance Program's written description and that my request for reimbursement is for eligible expenses under the program.

I also certify that these expenses have not been and will not be reimbursed by another entity (such as my spouse's employer or a governmental agency) or taken as a credit on my income tax return for any year.

I understand that Hess does not make any commitment or guarantee that amounts paid to me under this program will be excludable from my income for federal, state or local tax purposes, or that any favorable federal, state or local tax treatment will apply to or be available to me. I understand that it is my obligation to determine the federal, state and local tax consequences of any payment made under this program.

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

I certify that the information provided on this form is complete and correct.

\_\_\_\_\_  
*Your signature*

\_\_\_\_\_  
*Date*



### Submit Your Reimbursement Request

Submit this form, along with scanned bills or receipts, to **myHR@Hess.com**. Alternatively, you can mail this form and copies of your bills or receipts to:

#### Adoption Assistance Program

Hess Corporation  
1501 McKinney Street  
Houston, TX 77010  
Attention: myHR Team