

# CarMax

Adoption Assistance Administration

Please complete and submit this form with the below required documentation to:

Fax: 1-888-421-6945

Email: [ERS\\_Approvals@adp.com](mailto:ERS_Approvals@adp.com)

<b>Name of Associate</b>	
<b>Employee ID</b>	
<b>Address</b>	
<b>Telephone Number</b>	
<b>Email Address</b>	

Expense Description	Expense Date	Amount
<i>(i.e., "Legal Expenses")</i>		

For successful adoptions, please include this form, a certificate of adoption, and receipts and any supporting information for your requested reimbursements, which may include:

- Copy of Birth Certificate
- Medical Expenses
- Legal Expenses
- Insurance Carrier Payment
- Travel and Lodging Expenses
- Miscellaneous (please describe below any additional expenses you feel should be covered under CarMax's Adoption Assistance Program)

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If the adoption attempt was unsuccessful initial here: \_\_\_\_\_. Note: The procedure for requesting reimbursement is the same, except the certificate of adoption will not be required.

I hereby certify that the enclosed information being provided directly relates to the adoption expenses incurred for (Child's Name) and it is true and correct to the best of my knowledge.

I understand that failure to provide adoption-related expenses prior to December 31, 2014 will result in my ineligibility to obtain reimbursement for the 2014 calendar year.

**Signature of**

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