

## Heart for the Fatherless Adoptive Family Financial Update Form/ Reimbursement Request

For Office Use Only	
Received	_____
Approved	_____
Check Sent	_____

Submit form/request to:

Heart for the Fatherless  
Jana Sheehan  
34115 S Cantera St  
Kennewick, Wa 99338  
(509) 554-9423

**Contact Information**

Date (today's date): \_\_\_\_\_

Full Name \_\_\_\_\_

Spouse Full Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail Address(es) \_\_\_\_\_

Child's Name(s) \_\_\_\_\_

**Remaining Expenses**

Agency Fees	\$	_____
Child's Medical Exam	\$	_____
Foreign Program Fee	\$	_____
In-Country Fees	\$	_____
INS Fees	\$	_____
Notarization/Authentication	\$	_____
Orphanage Fees	\$	_____
Lawyer Fees	\$	_____
Translation Fees	\$	_____
Travel First Trip	\$	_____
Travel Second Trip	\$	_____
Visas	\$	_____
Travel Third Trip	\$	_____
Other: _____	\$	_____
Other: _____	\$	_____
<b>Total</b>		

\$ \_\_\_\_\_

Payment requests (please attach billing amount):

Reimbursement requests (please attach receipts):