

Reimbursement Claim Form

Please return with receipts to:

Pennsylvania Child Care Association
20 Erford Road, Suite 302
Lemoyne, PA 17043

Form B

Recipient information

Name:

College:

Address:

Child Care Facility:

City State Zip:

T.E.A.C.H. Counselor:

Submit all term claims within 30 days after the close of each semester.

Failure to do so will result in forfeit of money for the claims.

School Term Attended Fall Spring Summer1 Summer2 Winter (Year) _____
circle one

Tuition and Fees

Tuition/Fees Amount: \$ _____

Tuition paid by: check one

Recipient Child Care Facility T.E.A.C.H. P.E.L.L.

Course Titles:

Credit Hours:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Books

Tuition Books Amount: \$ _____ (Tax should NOT be included)

Books paid by: check one

Recipient Child Care Facility P.E.L.L. N/A - No Book Purchase

Book Title:

Price:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If receipts are not included, reimbursement will not be issued.

If you have questions, please call your counselor at 717-657-9000.