

Reimbursement Claim Form

Please return Form B with receipts via e-mail to your
T.E.A.C.H. Counselor each semester.

**FORM B's SUBMITTED WITHOUT RECEIPTS
CANNOT BE REIMBURSED**

Recipient Information

Name:

College:

Address:

Child Care Facility:

City State Zip:

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

Semester/Year
check one/indicate year Fall Spring Summer1 Summer2 Winter Year _____

Tuition and Fees

Tuition/Fees Amount: \$ _____ (Office Use Only)

Tuition paid by: check one

T.E.A.C.H. PDO Recipient Child Care Facility

Course Title(s): **(REQUIRED)**

Credit Hours:

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

Books

Book(s) Amount: \$ _____ (Tax & Shipping costs should NOT be included)

Books paid by: check one

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

Book Title(s): **(REQUIRED)**

Price:

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

**Form B's Submitted without receipts CANNOT be reimbursed.
Form B is required each semester.**

If you have questions, please e-mail your T.E.A.C.H. Counselor