

Reimbursement Claim Form

Please return with receipts to:

Arkansas Early Childhood Association

P.O. Box 4291

Fayetteville, AR 72702

or email to teach@arkansasearlychildhood.org

Form B

Model _____

Recipient information

NAME: _____ College: _____

SSN: _____ Child Care Facility: _____

TEACH Counselor: _____

Special Project: _____

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 Summer 1 Summer 2 (Year) _____
check one

Tuition and Fees

ONLY COMPLETE THIS SECTION IF YOU HAVE ALREADY PAID YOUR TUITION BILL AND NEED REIMBURSEMENT.

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.

Scan and email form & receipts to teach@arkansasearlychildhood.org.