



ARKANSAS

A Program of Arkansas Early Childhood Association

Tuition and Book Reimbursement Claim Form (Form B)

To be reimbursed, this form must be accompanied by corresponding paid receipts.

Recipient Information

Name _____ College _____

Address _____ Center _____

City/Zip _____ Counselor (first name) _____

School Term: Fall Spring Summer Year _____

Books

Book Total: \$ _____ Paid by Recipient Paid by Employer

Book Title:

Add shipping and tax on a separate line.

Receipt must itemize shipping and tax if you request reimbursement for those items.

Price:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Tuition or Allowable Fee

Complete this section only if you have already paid tuition and are requesting reimbursement OR you are requesting reimbursement for technology or another reimbursable expense (see handbook).

Tuition Fees/Amount: \$ _____ Paid by Recipient Paid by Employer

Itemize below the tuition/fees you are requesting reimbursement for:

_____	\$ _____
_____	\$ _____

Scan/email form and copies of receipts to teach@arkansasearlychildhood.org.