

Reimbursement Claim Form

Please return with receipts to:

Texas Association for the Education of Young Children
P.O. Box 4997
Austin, TX 78765-4997

Form B

Recipient information

College:
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 Summer1 Summer2 **(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 . (512) 215-8142