# Form B

**T.E.A.C.H. Early Childhood® ALABAMA**

Tuition/Book Reimbursement Claim Form

## Recipient Information

Name:______________________________________________

Social Security#:__________________________________

Address:___________________________________________

City, State, Zip:__________________________________

Program Name:______________________________________

College Name:______________________________________

Semester and Year:__________________________________

## Tuition and Fees

Make sure you attach your official school schedule.

Tuition/Fees amount: $ __________

Tuition paid by: (circle one)

- Student
- Center
- T.E.A.C.H.
- Pell
- Other

Course Titles:__________________________________________

Credit Hours:_________________________________________

## Books

If a book was not purchased or receipts are not available, please circle N/A below.

We cannot issue a reimbursement without receipts.

Total books amount: $ __________

Books paid by: (circle one)

- Student
- Center
- N/A
- Pell
- No Book
- Purchased
- Other

Book Titles:__________________________________________

Price (without tax)____________________________________

## Return with receipts to:

T.E.A.C.H. Early Childhood® ALABAMA
Alabama Partnership for Children
2595 Bell Road
Montgomery, AL 36117