

Reimbursement Claim Form

Please return with receipts to:

Delaware Association for the Education of Young Children
2004 Foulk Road, Ste. 6
Wilmington, DE 19810
Fax (302) 475-5300

Form B

Recipient information

Name: _____

College: _____

Address: _____

Child Care Facility: _____

TEACH Counselor: Maria Staman
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** **(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 302-764-1500 x104.
This form MUST be submitted each semester even if books are NOT purchased*

