

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: Student Center T.E.A.C.H. Pell
(circle one) 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: Student Center N/A Pell
(circle one) Other No Book Purchased

Book Titles:

Price (without tax)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Return with receipts to: T.E.A.C.H. Early Childhood® ALABAMA
Alabama Partnership for Children
2529 Bell Road
Montgomery, AL 36117