

# Reimbursement Claim Form

Please return with receipts to:

Arkansas Early Childhood Association  
10201 West Markham Street, Suite 318  
Little Rock, AR 72205

or email to [teach@arkansasearlychildhood.org](mailto:teach@arkansasearlychildhood.org)

**Form B**  
Model \_\_\_\_\_

## Recipient information

NAME: \_\_\_\_\_ College: \_\_\_\_\_

SSN: \_\_\_\_\_ Child Care Facility: \_\_\_\_\_

TEACH Counselor: Paul Lazenby

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  Summer 1  Summer 2 (Year) \_\_\_\_\_  
check one

## Tuition and Fees

ONLY COMPLETE THIS SECTION IF YOU HAVE ALREADY PAID YOUR TUITION BILL AND NEED REIMBURSEMENT.

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.**  
**Scan and email form & receipts to [teach@arkansasearlychildhood.org](mailto:teach@arkansasearlychildhood.org).**