

Reimbursement Claim Form

Please return with receipts to:

Michigan AEYC
839 Centennial Way, Suite 200
Lansing, MI 48917

Form B

Scholarship: _____

Fax: 517-351-0157 E-mail: teach@miaeyc.org

Recipient information

Name: _____ College: _____
Address: _____ 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: _____

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:

Subject Area:

Hours: Code:

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 1-866-648-3224.