

FORM B

T.E.A.C.H. Early Childhood ® Nevada
Tuition and Book Reimbursement Claim Form

Recipient Information: ss# _____

Name:

Address:

Center Information:

Center Name:

Address:

School & Contract Information:

College _____ **Current Term:** Fall Spring Summer **20** _____

My Contract Ends: _____
Month Year

Credits: ____/needed for contract **Credits:** ____/for current semester **Credits:** ____/remaining on contract

Tuition and Fees:

Total: \$ _____ **Tuition Paid by:** Student Center T.E.A.C.H.

Course Number and Title	# of Credit Hours
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Books:

Total book amount: \$ _____ **Books Paid By:** Student Center T.E.A.C.H.

Book Titles	Price (without tax)
_____	_____
_____	_____
_____	_____
_____	_____

Registration and Receipts must be attached in order to receive reimbursement