

T.E.A.C.H. Early Childhood[®] MICHIGAN
Tuition/Book Reimbursement Claim Form

Form B

Recipient information

SSN: _____ College: _____
 Recipient Name _____
 Address: _____ Program: _____
 _____ Counselor: _____
 Email Address: _____
 Term Attended: FALL SPRING SUMMER WINTER (Year) _____
 (check one)

Tuition and Fees

Total Tuition/Fees Amount: \$ _____ Tuition paid by: \$ _____ \$ _____ \$ _____ \$ _____
 Student Center T.E.A.C.H. Other Source

Course Number:	Course Title(s):	Credit Hours:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Books If a book was not purchased or receipts are not available, please check N/A below.
We cannot issue a reimbursement without receipts.

Total books amount: \$ _____ Books paid by: Student N/A - (No Book Purchased)
 (check one) Center

Book Titles	Course Number for which it is required	Price (without tax)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Return with receipts to: Michigan AEYC
 T.E.A.C.H. Early Childhood (R) Michigan
 839 Centennial Way Suite 200
 Lansing, MI 48917