

# Reimbursement Claim Form

Please return with receipts to:

National Black Child Development Institute  
1313 L St. NW  
Suite 110  
Washington, DC 20005

**Form B**  
AAT-  
bonus

## Recipient information

College:  
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  Fall  Fall1  Fall2  Spring  Spring1  Sp1 (Year) \_\_\_\_\_  
circle one

## 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:

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.**

If you have questions, please call your counselor at 202-833-8220.