

T.E.A.C.H. Early Childhood® WASHINGTON, DC

Book Reimbursement Claim Form

Recipient Information

Social Security #: _____ Recipient Name: _____
Address: _____ College: _____
City, State, Zip: _____ Center: _____
Current Program/Option: _____ Counselor: _____
Term Attended (circle one) FALL SPRING SUMMER _____
YEAR

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

Total books amount: \$ _____ Books paid by: Student Center N/A
circle one

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

Return with receipts to: National Black Child Development Institute
Attention: TEACH
8455 Colesville Rd, Suite 820
Silver Spring, Maryland 20910