



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

Book Reimbursement Claim Form (Form B)

Recipient Information

Social Security #: _____ Recipient Name: _____

Address: _____ College: _____

City, State, Zip: _____ Center: _____

Current Program/Option: Counselor: _____

Term Attended (select 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
select one

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

Return with receipts to:
T.E.A.C.H. DC Program
teach_dc@nbcidi.org