

## Reimbursement Claim Form

Please use a separate form for each semester, and return with ORIGINAL receipts to:  
Wisconsin Early Childhood Association  
744 Williamson Street Suite 200  
Madison WI 53703

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ T.E.A.C.H. COUNSELOR: \_\_\_\_\_

CHILD CARE FACILITY: \_\_\_\_\_ RECIPIENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SEMESTER (Check ONE):  FALL  SPRING  SUMMER 20 \_\_\_\_

**Tuition/Fees/Credential Assessment Fees-** Do NOT complete tuition/fees amount if paid by T.E.A.C.H. through direct bill authorization.

Tuition/Fees amount: \$ \_\_\_\_\_

Tuition/Fees paid by (Check one):  Recipient  Child Care Facility  Financial Aid/Grants  Student Loan

Course Title(s)/Name of Credential:	# of Credits:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Books-** We cannot issue a reimbursement without original receipts. Please keep a copy of your receipt.

Total book amount (WITHOUT tax or shipping/handling fees): \$ \_\_\_\_\_

Books paid by (Check one):  Recipient  Child Care Facility

Complete Book Title:	Price (without tax or shipping):
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**If original receipts are not included, reimbursement will not be issued**