

TEACH Early Childhood[®] Iowa

Child Development Home Tuition/Book/Release Time Reimbursement Claim

<i>Recipient Information</i>					
Recipient Name: _____		College: _____			
Address: _____		<i>TEACH Counselor:</i> _____			
City, State, Zip: _____					
Email Address: _____					
Term Attended:	SPRING	SUMMER	FALL	_____	_____
(Mark One)				OTHER	(Year)

<i>Courses Taken This Semester</i>		
Course Number:	Course Title:	Credit Hours:

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

Total books amount: \$ _____ **Books paid by:** (mark one) Student Program Pell or other grant N/A (No Book Purchased)

Book Titles	Course Number	Price

Release Time (To calculate hours of Release Time use chart on reverse side of form)

Hours of Release Time claimed (maximum of 48 hours/semester)	=	_____
Rate of Reimbursement:	X	_____ \$15.00
Total Amount of Release Time Reimbursement	=	_____

Recipient Signature: _____ **Date** _____

For Office Use Only: **Funder:** _____
Tuition and Fees **Date Submitted for Approval:** _____
Amount: \$ _____ **Tuition paid by:** \$ _____ \$ _____ \$ _____ \$ _____
Student Program Pell or other grant TEACH

Travel/Internet
You are entitled to a Travel/Internet Stipend of \$100 per active semester.

Return with receipts to:

TEACH Early Childhood® Iowa
Iowa Association for the Education of Young Children
 4400 Westown Pkwy, Suite 360, West Des Moines, IA 50266
 Phone: 515-331-8000 • Fax: 515-331-8995

(PLEASE FOLLOW ENCLOSED INSTRUCTIONS)