

Reimbursement Claim Form

Please return with receipts to:

teach@uaeyc.org

or

Form B

Utah Association for the Education of Young Children

PO Box 25836

Salt Lake City, UT 84125

Recipient Information

Name:

Address:

College:

Employer:

TEACH Counselor: Caroline McKenzie

TEACH ID#

Submit all term claims within 14 days after the close of each semester.

Failure to do so will result in forfeit or delay of reimbursement for the claims.

Semester: ☐ Fall ☐ Spring ☐ Summer
(Choose one)

(Year) _____

Tuition and Fees

Tuition/Fees Amount: \$ _____

Additional Tuition/Scholarship Funding Sources:

Please explain any additional funding sources as applicable:

Amount: (\$)

PELL/FAFSA:

Scholarship(s) Other: Please explain

Books & Materials:

Total Materials Amount: \$ _____ (Tax should NOT be included)

***** Please clearly mark any books that were automatically added in your tuition

Material Purchased or Book Title:

Price: (\$)

Shipping (as applicable):

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

If you have questions, please contact your counselor at teach@uaeyc.org.