Travel (or Internet) / Book / Tuition Reimbursement Claim Form B



NOTE: Tuition receipts (or an account statement from your college) must be attached to process Book, Tuition, or Travel reimbursement prior to T.E.A.C.H. receiving a tuition bill from your college.

NOTE: Book Receipts must be attached to claim Books

Mail / fax completed form with receipts to: OCCRRA / TEACH Early Childhood® OHIO 2469 Stelzer Road Columbus, Ohio 43219

| I. Scholar Information / Travel Reimbursement   |   |                       |
|---|---|-----------------------|
| Scholar Name:   |   |                       |
| Address:  |   |                       |
| City, State and Zip Code  |   |                       |
| Center Name:  |   |                       |
| College Term (Check One): FALL SPRING SUMMER  | Year: 2025  | 2026                  |
| II. Book Reimbursement  |   |                       |
| If no books were purchased, check: N/A (No Book Purc  | hased). Go to Section III.  |                       |
| Legible copies of receipts must be attached for all book purchases listed below Book Titles   |   | Price (without tax)   |
| book littles  |   | Price (without tax)   |
|   |   |                       |
|   |   |                       |
|   |   |                       |
|   |   |                       |
|   | Total Book Prices (without tax):                                  | \$                    |
|   |   |                       |
| III. Tuition and Fee Reimbursement  |   |                       |
| If you are not requesting tuition or fee reimbursement, circle:   | N/A (Tuition Paid by OCCO   | CRRA, PELL, or other) |
| If you paid tuition directly to the college: list courses, credit hours, and tuition amount you are requesting to be reimbursed from TEACH. The below should match attached tuition receipts. |   |                       |
| Course Title  | Credit Hours  | Tuition/Fee           |
|   |   |                       |
|   |   |                       |
|   |   |                       |
| If you have questions, please call y  | our counselor at (614)396-595                                     | 9.                    |
| Please check next to your coun  |   |                       |
| Shamell Baxter Direct Fax: 614-396-5960 Email: shutcins@occrra.org  Latoya Fuqua Direct Fax: 614-396-5960 Email: lfuqua@occrra.org  | Belinda Kitsos Direct Fax: 614-396-5960 Email: bkitsos@occrra.org |                       |