



Book/Tuition Reimbursement Claim Form
(Receipts must be attached)

I. Scholar Information
Scholar Name:
Social Security #:
Address:
City, State, Zip code:
Center name:
College Term (Circle One): FALL WINTER SPRING SUMMER (year)

II. Book Reimbursement
If no books were purchased, circle: N/A (No Book Purchased). Go to Section III.
Clear copies of receipts must be attached for all book purchases listed below
Table with columns: Book Titles, 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 OCCRRRA)
If you paid tuition directly to the college, list courses, credit hours, and tuition amount for which you are requesting reimbursement
Table with columns: Course Title, Credit Hours, Tuition/Fee

Mail or fax completed form with receipts to:
T.E.A.C.H. Early Childhood Ohio
c/o OCCRRRA
6660 Doubletree Ave.
Columbus, Ohio 43229
Fax: 614-396-5960

If you have questions, please call your counselor at 1-877-547-6978 (toll free) or 614-396-5959.

For OCCRRRA Use Only
Program: ___ ATS ___ AFS
Counselor Name and phone extension: