



T.E.A.C.H. Early Childhood® COLORADO
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**REIMBURSEMENT FORM
 BOOKS AND RELATED COSTS**

Date: _____ Name: _____

Address: _____

City, State, Zip: _____

All receipts must be included with this form for expenses to be reimbursed.

Description of Expense	Cost
Total	

I have not received reimbursement for these expenses from any other source.

 Scholarship Recipient’s Signature

 Date

INTERNAL USE: Revision Date 1/24/19