

Claim Form Form B

Please return with receipts to:
Child Care Aware of Missouri
955 Executive Parkway Dr., Ste. 106
St. Louis, MO 63141
Fax to: 866-697-8168

Recipient Information

Name: _____ College: _____
Address: _____ Child Care Program: _____
City, State Zip: _____

Submit all term claims within 30 days after the close of each semester.
Failure to do so will result in forfeit of money for the claims.

School Term Attended: Fall Spring Summer Year: _____

Tuition

Tuition Amount: \$ _____

Tuition paid by:

Recipient Child Care Program T.E.A.C.H. P.E.L.L.

Course Titles:

Credit Hours:

_____	_____
_____	_____
_____	_____
_____	_____

Books

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

Books paid by:

Recipient Child Care Program P.E.L.L. N/A – No Book Purchase

Book Title:

Price:

_____	_____
_____	_____
_____	_____
_____	_____

If you have questions, please call your counselor at (314) 535-2020, x 607/609.