

FORM B – REIMBURSEMENT CLAIM INSTRUCTIONS

Instructions and tips for completing the Reimbursement Claim



PURPOSE

The purpose of the Form B is to allow WA Scholarships to process reimbursements. The Form B is only required when a scholar is seeking reimbursement for books and required expenses.

USING REIMBURSEMENT CLAIM

1. Incomplete forms will delay the reimbursement process. Complete the Form B:
 - Via DocuSign at: <https://www.docusign.net/member/PowerFormSigning.aspx?PowerFormId=f88ba4f1-66b2-40dd-bec0-511f35e8af3a>
 - Download a copy from our website: <http://www.childcarenet.org/SFI/FB>
2. Submit the completed Form B by the following quarterly deadlines. Please note incomplete forms will delay the reimbursement process. **See example of a completed Form B on the next page**

Fall	Winter	Spring	Summer
November 15th	February 15th	May 15th	August 15th

REIMBURSABLE ITEMS

By submitting this form, you certify that you are an active scholar and that all purchases were made either by you or by your facility on your behalf. Examples of expenses that are eligible for reimbursement include, but are not limited to:

- Books (purchase and rental)
- Calculators
- Project Supplies
- Software Programs
- Recording Devices

When materials other than books are required for a course, scholars must submit a copy of the course syllabus or course materials list with their Form B and receipts.

Computers, laptops, tablets and other computer related hardware are excluded from the book and expense reimbursement. Notebooks, paper, binders, writing utensils and other general school supplies are also excluded, even if they are listed on the syllabus.

Contact WA Scholarships staff if you have any questions about covered expenses.

FORM B – REIMBURSEMENT CLAIM

Submit this form, with attachments, by these deadlines: 11/15 (Fall); 2/15 (Winter); 5/15 (Spring); 8/15 (Summer)

Name of College Attending Tacoma Community College
 School Term (check one) Fall Spring Summer Winter Year 2017
 School Schedule (check one) Quarters Semesters Employment FCC Center

STUDENT INFORMATION

FULL NAME as it appears on your state identification or business license:

Jane S. Doe
 First Name(s) MI Last Name(s)
 Mailing Address 1234 Smyth Lane SW Apt 37
 Line 1 Line 2
 City Tacoma State WA Zip 98402 Phone (253) 555-1234
 Email jane.s.doe@email.com New Address / Contact Information? Yes No

FACILITY INFORMATION

complete this section only if the facility is to be reimbursed

Name of FCC Owner or Facility Director Jennifer L. Smith
 Facility Name Smith's Little Playground Facility Type FCC Center
as it appears on business license
 Facility Address 1234 Cranberry Lane
 Line 1 Line 2
 City Tacoma State WA Zip 98402 Phone (253) 555-1234
 Email slp@address.com New Address / Contact Information? Yes No

ITEMS TO BE REIMBURSED

Who is to be Reimbursed (check one)	Receipt(s) Attached	Amount Paid
<input type="checkbox"/> Student <input checked="" type="checkbox"/> Facility	<input checked="" type="checkbox"/>	(shipping is not covered)
Item Description(s)		
<u>Infants and Toddlers at Work</u>		\$ <u>30.95</u>
<u>Creating a Learning Environment for Babies and Toddlers</u>		\$ <u>68.05</u>
<u>Infant and Toddler Development and Responsive Program</u>		\$ <u>183.24</u>
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
	DO NOT INCLUDE SHIPPING!	\$ _____
	Total tax for all items	\$ <u>27.10</u>
	Total cost of all items	\$ <u>309.34</u>

By signing below, I/we, certify that as of 2/28/2017 (date signed by student), the above information is true and correct; that the student named above is an active scholar; that all expenses were incurred in pursuit of her/his own certification or degree requirements; and were purchased by, or on behalf of, the parties indicated above.

Jane S. Doe Jennifer L. Smith
 Student's Signature Signature of Authorized Facility Representative
(if the facility is being reimbursed) SIGN ONLY IF FACILITY IS TO BE REIMBURSED



Submit by these deadlines: 11/15 (Fall); 2/15 (Winter); 5/15 (Spring); 8/15 (Summer)
 Child Care Aware of Washington, 1001 Pacific Ave, Suite 400, Tacoma, WA 98402
 phone 1-866-308-3224 fax 1-253-572-4140 email scholarships@wa.childcareaware.org

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Submit this form, with attachments, by these deadlines: 11/15 (Fall); 2/15 (Winter); 5/15 (Spring); 8/15 (Summer)

Name of College Attending _____

School Term (check one) Fall Spring Summer Winter Year _____

School Schedule (check one) Quarters Semesters **Employment** FCC Center

STUDENT INFORMATION

FULL NAME *as it appears on your state identification or business license:*

First Name(s) _____ MI _____ Last Name(s) _____

Mailing Address _____

Line 1 _____ Line 2 _____

City _____ State _____ Zip _____ Phone _____

Email _____ New Address / Contact Information? Yes No

FACILITY INFORMATION

complete this section only if the facility is to be reimbursed

Name of FCC Owner or Facility Director _____

Facility Name _____ **Facility Type** FCC Center
as it appears on business license

Facility Address _____

Line 1 _____ Line 2 _____

City _____ State _____ Zip _____ Phone _____

Email _____ New Address / Contact Information? Yes No

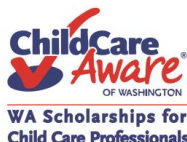
ITEMS TO BE REIMBURSED

Who is to be Reimbursed <i>(check one)</i> <input type="checkbox"/> Student <input type="checkbox"/> Facility	Receipt(s) Attached <input type="checkbox"/>	Amount Paid <small>(shipping is not covered)</small>
Item Description(s)		
_____		\$ _____
_____		\$ _____
_____		\$ _____
_____		\$ _____
_____		\$ _____
_____		\$ _____
_____		\$ _____
_____		\$ _____
Total tax for all items		\$ _____
Total cost of all items		\$ _____

By signing below, I/we, certify that as of _____ **(date signed by student)**, the above information is true and correct; that the student named above is an active scholar; that all expenses were incurred in pursuit of her/his own certification or degree requirements; and were purchased by, or on behalf of, the parties indicated above.

Student's Signature

Signature of Authorized Facility Representative
(if the facility is being reimbursed)



Submit by these deadlines: 11/15 (Fall); 2/15 (Winter); 5/15 (Spring); 8/15 (Summer)
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 phone 1-866-308-3224 fax 1-253-572-4140 email scholarships@wa.childcareaware.org