



Coordinated by the
 Contra Costa County Local Planning & Advisory Council for Early Care & Education
 and the Contra Costa County Office of Education

Request for Reimbursement

California Transitional Kindergarten Stipend Project is funded by the California Department of Education

Request for Reimbursements for **funding period July 1, 2014 – December 31, 2015** will be accepted **ONLY** when the participant has successfully completed the educational or professional development activity for which reimbursement is sought. **Complete form and ORIGINAL verification documentation are due to the address below no later than January 8, 2016.**

**Contra Costa County Office of Education (CCCOE)
 Educational Services Department – Early Care and Education Projects
 Attn: Marissa Frias, ECE Project Specialist
 77 Santa Barbara Road
 Pleasant Hill, CA 94523**

Complete the form below and provide ORIGINAL verification documentation as requested.

Last Name		First Name		Middle Initial
Home Address				
City	State	Zip Code		
Mailing Address <i>(if different)</i>				
City	State	Zip Code		
Home Phone Number <i>(include area code)</i>		Cell Phone Number <i>(include area code)</i>		
E-mail address (required) :				
School District/CSPP Center:				
School/Site Name:		Principal/Director Name:		
Site Address:				
Site City:		Site State:	Site Zip Code:	

Early Childhood Education or Child Development Educational Reimbursement

Unit-bearing early childhood education or child development coursework or both **(Eligible for TK AND CSPP Teachers)**

Please check one

- Transitional Kindergarten Teacher CA State Preschool Program Teacher
(MUST work directly with at least one TK Student) *(MUST work directly with Preschool Aged CSPP Children at least 15 hours per week)*

Title and # of course * _____

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**If multiple courses taken, please attach a list of additional courses (include Course Title and Course Number)*

College/University _____ # of units _____

Beginning and ending dates _____ to _____

Actual educational expenses include: tuition fees, registration costs, and cost of required books.

Amount of Tuition fees _____ Cost of Registration _____ Cost of required Books _____

ORIGINAL Verification documentation to be submitted with completed Request for Reimbursement:

- a. Completed CCCOE Request for Reimbursement Form
- b. Transaction receipt for payment of registration and tuition fees
- c. Transaction receipt for payment of book(s) and documentation to identify the book(s) required for the course (i.e. Course Syllabus)
- d. **Official transcripts** referencing successful completion of the course with a grade of C or better - transaction receipt for payment of transcripts is reimbursable and should also be submitted

Early Childhood Education or Child Development Professional Development Reimbursement

Early Childhood Education or Child Development related Professional Development **(Eligible ONLY for TK Teachers)**

Please check box

- Transitional Kindergarten Teacher
(MUST work directly with at least one TK Student)

Title of PD Activity* _____

**Complete ONE Request for Reimbursement Form per PD Activity Request*

Name of Organization Providing PD _____ # of hours _____

Beginning and ending dates _____ to _____

Actual professional development expenses include registration fees for conferences, workshops, and trainings

Amount of Registration fee _____

ORIGINAL Verification documentation to be submitted with completed Request for Reimbursement:

- a. Completed CCCOE Request for Reimbursement Form for ECE/CD related Professional Development Attendance
- b. Transaction receipt for payment of registration fees for conferences, workshops, trainings.
- c. Certificate of Completion/Attendance or copy of sign-in sheets AND Agenda/meeting materials

Total Amount Requested (including BOTH educational and professional development reimbursements): _____

By signing this document I am certifying all of the information provided above is true and correct.

Participant Signature _____ Date: _____

For CCCOE USE ONLY

Date Reimbursement was received _____

Reviewed by ECE Project Specialist: _____ Date Reviewed: _____

Approved by Manager: _____ Date Approved _____

Approved by Director: _____ Date Approved _____