



GED TEST Reimbursement Claim Form

Early Learning Career Center

Early Learning Career Center

Recipient Info	rmation	Date:	
Name:			
Home Address	s:		
City:	State:	Zip:	
Phone Numbe	r:		
Child Care Facility/FCCH:			
PD Specialist:			
	<u>GED</u>	O TEST	
Total Amount:			
Institute / School:			
Date GED Test Taken:			
Please attach receipts, and a completed W-9			
Reimbursement will not be issued if receipts are not included. Reimbursement does not include sales tax. Please email the completed forms and required documents to:			
careercenter@thechildrensforum.com			

If you have any questions, please contact your Career Advisor or Early Learning Career Center office (888) 352-4453, Option 2