TRANSITION TO TEACHING
REQUEST FOR REIMBURSEMENT

(Please Print or Type; Complete All Fields)

PARTICIPANT ENROLLMENT DATA

Name: _____ HRID#:_____
Last First Middle

Home Address: _____
Street Address

_____
City State Zip Code

Home Phone: (_____)_____ ☐ Daytime Phone: (_____)_____ ☐
(Please mark box to indicate preferred reach number)

Anticipated Date of Certification Completion: _____

REIMBURSEMENT INFORMATION *(Please attach original receipt(s)/bills(s) and proof of payment)*

(For course fees, please note course name(s))

Amount $_____ Purpose of Expenditure _____

Amount $_____ Purpose of Expenditure _____

Amount $_____ Purpose of Expenditure _____

Amount $_____ Purpose of Expenditure _____

Amount $_____ Purpose of Expenditure _____

PARTICIPANT'S AGREEMENT

I certify that the above costs are expenses, which I have incurred in conjunction with the requirements of the state in which I intend to obtain my teaching certificate.

_____ _____
Registrant Signature Date

Send Completed Form and Receipts(s)/Bill(s) to:

AT&T/ALLIANCE TRANSITION TO TEACHING
The Alliance
80 Cottontail Lane – Suite 320
Somerset, NJ 08873

Questions/Assistance: 800-323-3436