

REIMBURSEMENT FORM FOR TEACHING & LEARNING RESOURCES GRANT

Part 1 – Particulars of Centre

Name of Centre			
Centre Code <small>(applicable only to Child Care Centre)</small>		Unit Entity Code <small>(applicable only to Kindergarten)</small>	
Centre's Bank Account No. <small>(For inter-bank GIRO transfer)</small>		Name of Bank	
GST Registration No. <small>(if any)</small>		Unique Entity No. (UEN)	
Address			
Contact Number		Fax Number	
Email Address			

Part 2 – Submission of Teaching and Learning Resources expenditure for reimbursement

- Claims submitted must be for the preceding six months.
- Please attach the original copy of the official receipts. [Centres are advised to retain a duplicate copy of the receipts.]

Submission Window: <small>Please tick accordingly.</small>	<input type="checkbox"/> January – February	For expenditure incurred for preceding July to December
	<input type="checkbox"/> July – August	For expenditure incurred for preceding January to June

S/N	Teaching & Learning Resources	Domain Categories <small>Pls tick accordingly.</small>	Unit Cost S\$	Qty	Total Cost Incurred S\$	Receipt No.	Date of Purchase
		<input type="checkbox"/> Motor Skills <input type="checkbox"/> Creative & Aesthetic <input type="checkbox"/> Social & Emotional <input type="checkbox"/> Cognitive & Language <input type="checkbox"/> Others, pls specify: _____					

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		<input type="checkbox"/> Motor Skills <input type="checkbox"/> Creative & Aesthetic <input type="checkbox"/> Social & Emotional <input type="checkbox"/> Cognitive & Language <input type="checkbox"/> Others, pls specify: _____					
		<input type="checkbox"/> Motor Skills <input type="checkbox"/> Creative & Aesthetic <input type="checkbox"/> Social & Emotional <input type="checkbox"/> Cognitive & Language <input type="checkbox"/> Others, pls specify: _____					
Total claims submitted (S\$):							

Part 3 – Declaration**I hereby declare that:**

- The information provided in my submission is true and accurate.
- My centre satisfies the terms and conditions in the Funding Agreement for Support Schemes at the point of submission of claims;
- The claims submitted are true and supported by official receipts; and
- I am aware that it is my centre's responsibility to ensure that the duly completed Reimbursement form reaches ECDA before the stipulated deadline. Late submissions will not be considered.

Submitted by		Official Centre Stamp	
	[Name of Centre Principal & date]		
Endorsed by			
	[Name of Centre Supervisor & date]		