



# REMITTANCE COUPON

PO BOX 117794, Atlanta, GA 30368-7794

Phone: (404) 656-5957

**INSTRUCTIONS:** Please fill out the two information bubbles below. ALL information with an \* is required information. Incomplete information may delay the processing of your payment and may be returned. If applicable, late fees and penalties can be incurred if information is not accurate or complete.

Depending on your reason for returning funds to DECAL, please provide the information requested on the corresponding row below.  
**For example:** if your reason for sending payment to DECAL is due to a Nutrition Repayment, please provide the Agreement # to the right of Nutrition Repayment along with the amount remitted.

<b>Legal Name *</b> _____  <b>TIN # *</b> _____  <b>Address *</b> _____  <b>City *</b> _____ <b>State *</b> _____  <b>Email *</b> _____	<b>Date *</b> _____    <b>Phone # *</b> _____
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Description (As Applicable)	#	Amount Remitted
LICENSE FEES - Provide License Number		
CIVIL PENALTY - Provide License Number		
PRE-K REPAYMENT -Provide TIN/FEIN Number		
CAPS REPAYMENT - Provide CAPS #		
NUTRITION REPAYMENT - Provide Agreement #		
TRAVEL REPAYMENT - Provide Employee ID #		
OPEN RECORDS REQUEST - Provide ORR #		
OTHER REPAYMENT - Provide Detail		

**TOTAL PAYMENT**

Please make check, money order, or cashier's check payable to "DECAL" or Department of Early Care & Learning

Please mail to:  
 Georgia Department of Early Care and Learning  
 P.O. BOX 117794  
 Atlanta, GA 30368-7794