WAYNE - FINGER LAKES
Board of Cooperative Educational Services

Teacher Stipend/Substitute Reimbursement Form

School Improvement or Curriculum COSERs

District:_____ Date: _____

Return Form to: **jacqui.ohora@wflboces.org**

NOTES:

- All work must be connected to a Wayne-Finger Lakes BOCES sponsored activity
- Any follow-up work occurring as a result of the initiating shared activity must be less than 15 days in length and occur within 18 months of the original activity

Teacher's Name	Staff Development Activity Name	Sponsoring BOCES	Was this Activity delivered as a Regional Workshop/Event or In-District?	Dates (of attendance at workshop and/or of follow-up work tied directly to initiating shared activity)	Cost per Day	Total