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. For example:
  - W-FL BOCES regional professional learning through the Staff Development Department
  - W-FL BOCES facilitated professional learning in districts
- Reimbursement can also be submitted for any follow-up work occurring as a result of the initiating shared activity and occurring 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