

MODEL SCHOOLS PROGRAM REIMBURSEMENT FORM

COSER 532

DISTRICT _____

DESCRIPTION OF ACTIVITY	DATE	TEACHER NAME	SUBSTITUTE NAME	DISTRICT SUB RATE	TRAINER STIPEND	TRAINEE STIPEND	NUMBER OF HOURS	TOTAL COST
NYS Science Learning Standards	11/18/25	Jane Doe	Joe Smith	\$85/day				\$85.00
NYS Science Learning Standards	11/18/25	Joe Smith	Jane Doe	\$100/day				\$100.00
Total Expenses Due from ES BOCES								\$185.00
Total Expenses charged to Coser including a processing fee of 10%							1.10	\$185*1.10 \$203.50

BUDGET CODE A532-6368

DISTRICT COMPLETES FORM AND SUBMITS TO Jonathan Marron FOR VERIFICATION.
(Model Schools Project Coordinator)

I certify that the above invoice total is just, true and correct; and that the district has readily available substitute teacher records that substantiate the name of the substitute, the date he/she substituted and for whom he/she substituted.

Superintendent/Business Official_____
Date_____
Model Schools Project Coordinator_____
Date