

MODEL SCHOOLS PROGRAM REIMBURSEMENT FORM

COSER 532

DISTRICT _____

DESCRIPTION OF ACTIVITY	DATE	TEACHE R NAME	SUBSTITUTE NAME	DISTRICT SUB RATE	TRAINER STIPEND	TRAINEE STIPEND	NUMBER OF HOURS	TOTAL COST
							Total Expenses Due from ES BOCES	
							Total Expenses charged to Coser including a processing fee of 10% 1.10	

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
