

Title IIA Teacher Stipend Summary Statement (to be completed by Title II School)

Erie 1 BOCES

School _____ School Address _____

School Contact Name _____ Phone No. _____

Please list your teachers who will be receiving a stipend:

Description of Activity	Date(s) of Activity	Employee		Stipend Amount
		Last Name	First Name	

Total Stipend Payment from Title IIA excess funds \$ _____

I certify that the above is just, true, and correct. The school has readily available records to indicate teachers attended the professional development activities and are eligible to be paid a stipend from our excess Title IIA funds. Stipends will be paid directly to the teacher listed above.

School Official Date: _____

Barbara MocarSKI, Executive Director, Erie 1 BOCES Date: _____

Please send completed form to Erie 1 BOCES, Attn: Elizabeth Freas, 355 Harlem Road, West Seneca, NY 14224

Please Note: Stipend payment requests should be submitted no later than 30 days after the professional development