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

Erie 1 BOCES

School		School Address_	_ School Address	
School Contact Name		Phone No		
Please list your teachers who wil	I be receiving a stipe	nd:		
Description of Activity	Date(s)of	Employee		Stipend
	Activity	Last Name	First Name	Amount

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.

_____ Date:______

Barbara Mocarski, Executive Director, Erie 1 BOCES

Please send completed from to Erie 1 BOCES, Attn: Barbara Mocarski, 355 Harlem Road, West Seneca, NY 14224

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

_____ Date: _____