

Teacher's Statement of Attendance Stipend Payment -- Title IIA Funds

I, _____, teacher at _____,
Last Name, First Name School Name & School Town/City

am submitting for a teacher stipend for attendance at _____ on
name of professional development (workshop/conference)

date (s) _____,

The stipend amount I am entitled to receive is \$_____.

I verify that I did attend on date(s) indicated and understand I will be paid this stipend from my school's excess Title IIA funds held at Erie 1 BOCES.

Signature _____

Your Home Address: _____

Home Phone Number: _____

Last Four Digits of Social Security Number: _____

Please note: Check will be mailed to the address on your W-9.

Please mail completed form along with W-9 and Special Project Contract to:

Erie 1 BOCES
Attn: Barbara MocarSKI
355 Harlem Road
West Seneca, NY 14224