



**ST. LAWRENCE VALLEY EDUCATION CENTER**

School Improvement Services

30 Court Street ☐ Canton, NY 13617

Phone: (315) 386-2226 ☐ Fax: (315) 386-2828

Email: [dchampagne@sllbores.org](mailto:dchampagne@sllbores.org) OR [hmellon@sllbores.org](mailto:hmellon@sllbores.org)

Website: <http://www.sllbores.org>

**School/Curriculum Improvement Programs  
CoSer 526-6211**

**Substitute Reimbursement Form**

**Directions:** Complete the form below in ink and submit following the activity. Remember that aid on substitute costs is only available for activities when two or more districts participate in the activity.

**Only original signed forms will be accepted.**

**School District:** \_\_\_\_\_

**Person Completing Form:** \_\_\_\_\_

**BOCES School Improvement Activity:** \_\_\_\_\_

**Location of Activity:** \_\_\_\_\_

**Teacher(s) Attending Activity:** \_\_\_\_\_

**Date(s):** \_\_\_\_\_

**No. Subs to be Paid** \_\_\_\_\_ **x's No. of days** \_\_\_\_\_ **@ \$80.00/day \$** \_\_\_\_\_ **Total**

I understand that BOCES will reimburse my district for these costs and will bill my Business Office in the same amount.

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date

**PLEASE RETURN THIS FORM TO:**

***Deborah N. Champagne, Administrative Assistant  
St. Lawrence Valley Education Center  
School Improvement Services  
30 Court Street  
Canton, New York 13617***