NEW YORK CITY
DEPARTMENT OF EDUCATION
DIVISION OF FINANCIAL OPERATIONS

Statement of Purpose
Accountability Report
Teacher’s Choice

SCHOOL YEAR ________________________

Please print or type all information except signatures

<table>
<thead>
<tr>
<th>PARTICIPANT INFORMATION</th>
<th>TEACHERS NAME</th>
<th>FILE NUMBER</th>
<th>LOCATION CODE</th>
<th>SCHOOL NUMBER AND NAME</th>
<th>$ AMT OF ALLOCATION</th>
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INSTRUCTIONAL MATERIALS/BASIC SCHOOL SUPPLIES

I certify that I will comply with the regulations and procedures contained in the “Teacher’s Choice Purchasing and Accountability Guidelines”. I understand that I will use Teacher’s Choice funds disbursed to me for the purchase of instructional materials or basic school supplies. A summary description of supplies I intend to purchase is listed below. I agree that I will complete Accountability section of this form and submit the completed form with commercial invoices and/or itemized receipts to the school principal or designee.

PLEASE PROVIDE A GENERAL DESCRIPTION OF INSTRUCTIONAL MATERIALS/BASIC SCHOOL SUPPLIES TO BE PURCHASED:

A summary description of the computer related materials I plan to purchase for use on my personally owned computer and the intended use of these materials is listed below:

COMPUTER RELATED MATERIALS
BEING PURCHASED FOR USE ON PERSONALLY OWNED COMPUTERS

Signature of Participant ____________________________ Date _______________

A summary description of the computer related materials I plan to purchase for use on my personally owned computer and the intended use of these materials is listed below:

Signature of Participant ____________________________ Date _______________

The computer related materials listed above and their intended use comply with the regulations and procedures contained in the “Teacher’s Choice Accountability Guidelines”.

Signature of Principal ____________________________ Date _______________
### Accountability Report

**NEW YORK CITY**  
DEPARTMENT OF EDUCATION  
DIVISION OF FINANCIAL OPERATIONS

**Please print or type all information**

<table>
<thead>
<tr>
<th>DATE OF PURCHASE</th>
<th>VENDOR NAME</th>
<th>SUMMARY OF ITEMS PURCHASED</th>
<th>COST</th>
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<tbody>
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<td>If receipt/invoice does not provide a detailed listing of items – please list items purchased here. If receipt lists Individual items a general description will suffice.</td>
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**All of the above listed basic supplies and instructional materials have been brought or will be brought to the school for use in my classroom or office assignment by ______________________ (enter date).**

**SIGNATURE OF TEACHER’S CHOICE PARTICIPANT**

**SUB TOTAL…………………..S**

Amount contributed to school…………………..S

Reimbursement check made out to the NYC Department of Education for unspent portion of allocation submitted to principal…S

**GRAND TOTAL………S**  
(must equal $ value of allocation)

**SIGNATURE OF PRINCIPAL**

**Amount of sales tax paid, if any……………… $**