

Statement of Purpose Accountability Report

Teacher's Choice

SCHOOL YEAR _____

Please print or type all information except signatures

PARTICIPANT INFORMATION	TEACHERS NAME		FILE NUMBER
	LOCATION CODE	SCHOOL NUMBER AND NAME	\$ AMT OF ALLOCATION

INSTRUCTIONAL MATERIALS/BASIC SCHOOL SUPPLIES

PARTICIPANT'S STATEMENT OF PURPOSE	<p>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.</p> <p><u>PLEASE PROVIDE A GENERAL DESCRIPTION OF INSTRUCTIONAL MATERIALS/BASIC SCHOOL SUPPLIES TO BE PURCHASED:</u></p>	
	<p style="text-align: center;">_____ Signature of Participant</p> <p style="text-align: right;">_____ Date</p>	

COMPUTER RELATED MATERIALS BEING PURCHASED FOR USE ON PERSONALLY OWNED COMPUTERS

PARTICIPANT'S STATEMENT OF PURPOSE	<p>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:</p>	
	<p style="text-align: center;">_____ Signature of Participant</p> <p style="text-align: right;">_____ Date</p>	
<p>The computer related materials listed above and their intended use comply with the regulations and procedures contained in the "Teacher's Choice Accountability Guidelines".</p> <p style="text-align: center;">_____ Signature of Principal</p> <p style="text-align: right;">_____ Date</p>		

Accountability Report

*Teacher's
Choice*

NEW YORK CITY
DEPARTMENT OF EDUCATION
DIVISION OF FINANCIAL OPERATIONS

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PARTICIPANT'S ACCOUNTABILITY REPORT	I have attached detailed commercial receipts for the materials listed below. All of the items conform to the general descriptions included in my statement of purpose.			
	DATE OF PURCHASE	VENDOR NAME	SUMMARY OF ITEMS PURCHASED <small>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.</small>	COST
	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.....\$ _____ Amount contributed to school.....\$ _____ Reimbursement check made out to the NYC Department of Education for unspent portion of allocation submitted to principal....\$ _____ GRAND TOTAL.....\$ _____ (must equal \$ value of allocation)
	All materials brought into school and full Accountability Report and receipts submitted. _____ SIGNATURE OF PRINCIPAL			Amount of sales tax paid, if any..... \$ _____