



Special Projects/ Teacher's Choice Unit
 65 Court Street, Room 1402
 Brooklyn, NY 11201
 (718) 935-3304

**Teacher's Choice
 Statement of Purpose
 Accountability form**

School Year

Participant's Information			
Teacher's Name	<input type="text"/>	File Number	<input type="text"/>
Subject Area/Office Assignment	<input type="text"/>		
District Number	<input type="text"/>	School Number/ Name	<input type="text"/>
		\$ Amt. of Allocation	<input type="text"/>

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 supplies for use in my classroom or office assignment. 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. I also understand and agree that I will receive a salary deduction for the full or partial amount of my Teacher's Choice allocation if I do not comply with the guidelines.

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

Signature of Participant Date

**COMPUTER SUPPLIES/SOFTWARE
 BEING PURCHASED FOR USE ON PERSONALLY OWNED COMPUTERS
 (PRINTERS, SCANNERS & OTHER COMPUTER ACCESSORIES ARE NOT PERMISSIBLE)**

Signature of Participant Date

Signature of Principal Date