

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:

<input type="text"/>

Signature of Participant	<input type="text"/>	Date	<input type="text"/>
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COMPUTER SUPPLIES/SOFTWARE
BEING PURCHASED FOR USE ON PERSONALLY OWNED COMPUTERS
(PRINTERS, SCANNERS & OTHER COMPUTER ACCESSORIES ARE NOT PERMISSIBLE)

<input type="text"/>

<input type="text"/>

<input type="text"/>

Signature of Participant	<input type="text"/>	Date	<input type="text"/>
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Signature of Principal	<input type="text"/>	Date	<input type="text"/>
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