



Special Projects! Teacher's Choice Unit

65 Court Street, Room 1402

Brooklyn, NY 11201

(718) 935-3304

Department of Education

Dennis M. Walcott, Chancellor

Teacher's Choice Statement of Purpose Accountability form

School Year []

Participant's Information

Teacher's Name [] File Number []

Subject Area/Office Assignment []

District Number [] Number [] \$ Amt. of Allocation []

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 []

Signature of Principal []

