

## TEACHER'S CHOICE ACCOUNTABILITY FORM

School Year 2014 - 2015

**Form Purpose:** Teacher's Choice participants are to use this form to inform their school principal of purchases made with Teacher's Choice funds. Once completed, attach all original receipts/invoices and submit to your school principal for review.

**Form Due Date:** March 2, 2015

Name: <input style="width: 90%;" type="text"/>	School Year: <input style="width: 90%;" type="text"/>
School Name: <input style="width: 90%;" type="text"/>	School Location Code: <input style="width: 90%;" type="text"/>
Title: <input style="width: 90%;" type="text"/>	File Number: <input style="width: 90%;" type="text"/>
	Total Funds Received: <input style="width: 90%;" type="text"/>

Date of Purchase	Vendor Name	Brief Summary of Items	Cost
Total Cost:			

If any of the items above are computer-related materials purchased for use on your personal computer, describe how they were used to aid students in the space below. These materials are the property of the DOE and must be in full compliance with Teacher's Choice Program guidelines.

**Unspent Portion of Funds Received:** Unspent funds of \$4.99 or less must be reimbursed directly to the school. For unspent funds of \$5.00 or more, please make check payable to "NYC Department of Education" and provide to principal.

Unspent Portion:

**Authorization:** I certify that I have complied with the regulations and procedures contained in the Teacher's Choice Guidelines. I understand that the Teacher's Choice funds disbursed to me for the purchase of instructional materials or basic supplies are for use in my classroom or office assignment. I have completed the accountability section of this form and will 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 funds received if I have not properly complied with the guidelines.

Participant's Signature:

Date: