

**TEACHER'S CHOICE
STOP PAYMENT/CHECK REPLACEMENT/SUPPLEMENTAL CHECK REQUEST**

Please print or type all information except signatures

REQUEST TO PLACE A STOP PAYMENT ON A TEACHER'S CHOICE CHECK

A Stop Payment must be placed on the original Teacher's Choice check issued to a participant prior to the issuance of a replacement check.

PARTICIPANT CHECK INFORMATION	CHECK PAYABLE TO (TEACHER'S NAME)		
	TEACHER'S FILE NUMBER	LOCATION CODE	SCHOOL NAME AND NUMBER
	TEACHER'S SCHOOL ADDRESS		SCHOOL TELEPHONE NUMBER ()
	DOLLAR AMOUNT OF TEACHER'S CHOICE ALLOCATION CHECK \$	CHECK NUMBER (IF YOU DO NOT KNOW YOUR CHECK NUMBER, PLEASE SEE YOUR PRINCIPAL/CSE)	ISSUE DATE OF CHECK
	DATE CHECK RECEIVED BY TEACHER	SIGNATURE OF TEACHER	

REQUEST FOR A REPLACEMENT FOR A LOST, STOLEN OR STALE CHECK - \$10 PAYMENT REQUIRED

Please issue a replacement for the Teacher's Choice check described above that was lost, stolen or not cashed within 90 days of issuance. (A check in the amount of \$10 made payable to the New York City Department of Education must be submitted to cover the administrative costs involved in generating a new check.)

**TO BE COMPLETED BY PRINCIPAL
(only necessary for requests submitted after the end of the purchasing period)**

_____ has submitted his/her original Accountability Form and copies of receipts documenting Teacher's Choice purchases made between August 1, 2007 and March 15, 2008 to my attention. I hereby certify that the materials involved have been brought into the school, and are currently being used in his/her classroom or office assignment.

Principal's Signature

REQUEST FOR A REPLACEMENT FOR A CHECK ISSUED TO A PARTICIPANT BUT NOT SENT TO THE CORRECT LOCATION (NO PROCESSING FEE REQUIRED).

Please issue a replacement for the Teacher's Choice check described above and send it to the following location: DISTRICT _____
BORO _____ SCHOOL NUMBER _____ (Please do not enter the school name).

The phone number of this location is _____.

Principal's Signature

SUPPLEMENTAL CHECK REQUEST **(Please complete the participant check information section)**

The above check was incorrectly issued in the amount of \$_____. The individual involved is a _____ and is entitled to an allocation of \$_____. Please issue a supplemental check in the amount of \$_____.

Principal's Signature