

Florida Teachers Classroom Supply Assistance Program

Date: _____

"I, _____, am employed by the Alachua County District School Board as a full-time classroom teacher. I acknowledge that Florida Teachers Classroom Supply Assistance Program funds are appropriated by the Legislature for the sole purpose of purchasing classroom materials and supplies to be used in the instruction of students assigned to me. In accepting custody of these funds, I agree to keep the receipts for all expenditures for no less than 4 years. I understand that if I do not keep the receipts, it will be my personal responsibility to pay any federal taxes due on these funds. I also agree to return the **itemized** receipts of these purchases to the district for inspection. I understand that if I do not return the receipts, I must return the unsubstantiated funds or the amount will be collected via payroll deduction. Any returned funds will be deposited into the school advisory council account of the school where I was employed at the time I received the funds."

Signature: _____

School: _____