

**THE BLAKE SCHOOL
LOWER SCHOOL PROFESSIONAL DEVELOPMENT FUNDS
REIMBURSEMENT REQUEST FORM**

◆ This form is to be used by faculty for opportunities approved ◆
by the Divisional Professional Development Committee.

NAME: _____ DATE: _____

AMOUNT APPROVED: \$ _____

DATE(S) OF OPPORTUNITY: _____

SHORT DESCRIPTION OF OPPORTUNITY:

TOTAL AMOUNT TO BE REIMBURSED: \$ _____

(CANNOT EXCEED AMOUNT APPROVED)

**Original receipts or bills must be attached and
if more than one expense, a list of each expense.**

ACCOUNT NUMBER: 01-5355-05-10

DIRECTOR'S APPROVAL: _____ DATE: _____

BUSINESS OFFICE: _____ DATE: _____

(SEND TO THE BUSINESS OFFICE AS SOON AS APPROVED BY DIRECTOR)

Payments are made to the faculty member usually the third week of the month.