

**THE BLAKE SCHOOL  
MIDDLE 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:

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**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: 01-5355-02-10**

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.