

**Professional Development Funds Reimbursement Form**

**Name of Faculty Member:** \_\_\_\_\_

**Faculty Member ID Number:** \_\_\_\_\_

**Account #:** 220-0034-0670-0000

Paid by Pcard:

Check Payable to:  Faculty Member or  Other (Enter Information Below)

Send Check to:  Campus Address,  Home Address or  Other (Enter Information Below)

*Name:* \_\_\_\_\_

*Street Address:* \_\_\_\_\_

*City, State, Zip:* \_\_\_\_\_

I am seeking reimbursement for the following items or services from my professional development fund. The listed purchases are not being reimbursed with other college funds or any outside entity. All receipts are attached for submission. I fully understand the entire reimbursement may be denied or delayed for processing if proper procedures have not been followed.

Vendor	Explanation (What did you pay for)	Amount
Total Reimbursement Requested		

Approval:

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean for Academic Affairs and Faculty Development

\_\_\_\_\_  
Date

*DAAFD Use Only:*

*Available Balance:* \$ \_\_\_\_\_

*Revised September 2017*