

# NON-TRAVEL REIMBURSEMENT / STIPEND PAYMENT REQUEST FORM

PO#

Accepted  
in Hub?

Full Legal Name: \_\_\_\_\_  
Please Print Phone: \_\_\_\_\_

Legal Address: \_\_\_\_\_  
Street City State Zip Country

**US Citizen:**

Yes  No

Mailing Address: \_\_\_\_\_  
Campus Box or Street if different from above City State Zip Country

Please check one: **Employee**  **Student**  **Vendor**  **Alumni**  Please check one: **Reimbursement**  **Stipend/Honoraria**  **Other**

*Please record appropriate business expenses below. Please provide a business purpose for all expenses. **Original itemized receipts** must be attached for reimbursement, signed contracts for stipends and honoraria, and sufficient documentation for other types of payments. If original, itemized receipts are not available for reimbursements, please complete a Missing Receipt Affidavit. For food/entertainment, each attendee must be named if 10 or fewer people attended.*

**Business Purpose:** \_\_\_\_\_

Date	Description	Account Number	Amount
		<b>TOTAL</b>	

**Total Payment Allowed:** \_\_\_\_\_

**I certify that these are all legitimate Hampshire College expenses for which I request payment.**

\_\_\_\_\_  
Payee Signature

\_\_\_\_\_  
Payee Name (Please Print)

\_\_\_\_\_  
Date

**I have reviewed these expenses and certify that they are in accordance with College policy.**

\_\_\_\_\_  
Supervisor/Budget Manager Signature

\_\_\_\_\_  
Supervisor/ Budget Manager Name (Please Print)

\_\_\_\_\_  
Date