

HAMPSHIRE COLLEGE
TRAVEL REIMBURSEMENT REQUEST FORM

*****One Business Trip Per Form*****

PO# _____
Accepted
in Hub? _____

Full Legal Name: _____ Phone: _____
Please Print

Legal Address: _____
Street City State Zip Country

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

US Citizen:

Yes No

Please check one: **Employee** **Student** **Vendor** **Alumni**

Please provide a business purpose for all expenses. Attach the Mileage Worksheet if entering mileage in the Ground column. Attach original itemized receipts for expenses \$20 and above; if unavailable please complete a Missing Receipt Affidavit. For meals/entertainment, each attendee must be named if 10 or fewer people attended.

Description of trip and/or expense, plus attendees (if applicable) _____

Date	Description:	Travel				Account Number	Total
		Air	Ground	Meals	Lodging		
Grand Totals							

Total Reimbursement Allowed: _____

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

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