Hampshire College
Student Activities Fund Reimbursement Form

- Record appropriate travel & entertainment expenses according to both the nature of the expense and method of payment. Please provide a business purpose for all expenses. Original receipts must be attached; if receipts are not available, complete the Missing Receipt Affidavit.
- Forms with missing information will NOT be processed and will be returned to the student group mailbox

Printed Legal Name: ___________________________________________ Student Box #: ___________________ Phone: ___________________

Mail check to*:
_________________________________________________________________________________________________________________

*Checks will ONLY be mailed to an alternative address (different from Student Box or Legal Address), if you attach a self-addressed envelope to this form.

Legal Address: ____________________________________________

Reimbursement Information:

Student Group Name: ___________________________________________ Student Group Account Number: _____________

- For events/meetings/trips ONLY
  Purpose: ___________________________________________________________ Date: ______________ Number of attendees: ______________

- For mileage reimbursements ONLY
  Plate Number: ___________________ Total Miles Traveled: ______________ X Current Mileage Rate = $ ______________

Starting Address: _____________________________________________ Ending Address: _____________________________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Reimbursable Expense Items*</th>
<th>Vendor</th>
<th>Totals</th>
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*Food, Materials/Supplies, Conference Registration, Gas for Rental Vehicle, etc.

GRAND TOTAL $ ______________

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

Payee (Student) Signature: ___________________________ Date: ______________

Signer Authorization (Signers cannot authorize reimbursements for themselves)

Name of Signer #1: ___________________________ Signature: ___________________________ Email: ___________________________

Name of Signer #2: ___________________________ Signature: ___________________________ Email: ___________________________

Approved By: ___________________________ Date: ______________

CLA USE ONLY: Form Received: ___________ Req Entered: ___________ PO Number: ___________ Accepted: Yes / No Date: ___________