

HAMPSHIRE COLLEGE NONTRAVEL REIMBURSEMENT FORM

PO#

Accepted:

Full Legal Name: _____
Please Print Phone: _____

Legal Address: _____
Street City State Zip Country

US Citizen:

Yes No

Mailing Address: _____
Street 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, contracts for stipends and honoraria and sufficient documentation for any other payments. If original, itemized receipts are not available, please complete a Missing Receipt Affidavit.

Business Purpose: _____

Date	Expense/Payment To:	Account Number	Amount
		TOTAL	

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 all are in accordance with College policy.

Budget Manager Signature

Budget Manager Name (Please Print)

Date