

**HAMPSHIRE COLLEGE
TRAVEL REIMBURSEMENT FORM**

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

PO# _____
 Accepted: _____

Full Legal Name: _____ Phone: _____
Please Print

Legal Address: _____
Street City State Zip Country

Mailing Address: _____
Street City State Zip Country

US Citizen:

Yes No

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

Please record appropriate business expenses below. Provide a business purpose for all expenses. Attach the Mileage Worksheet if entering in the Ground column. Please attach original itemized receipts for expenses \$20 and above. If original itemized receipts are not available please complete a Missing Receipt Affidavit.

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 all are in accordance with College policy.

 Budget Manager Signature

 Budget Manager Name (Please Print)

 Date