

**HAMPSHIRE COLLEGE
MISSING RECEIPT AFFIDAVIT**

Airline Ticket Receipts

- Attached is a copy or fax of the airline ticket receipt (last page of the ticket stub).
 - OR - I have contacted the agency and was unable to obtain a copy of the ticket receipt. Therefore, I have attached one of the following:
- A copy of my credit card statement record of charge
- A copy of the itinerary invoice and form of payment (e.g., credit card statement, cancelled check)

Hotel Folio

- Attached is a copy or fax of the hotel folio.
 - OR - I certify that I have contacted the hotel and was unable to obtain a copy of the hotel folio. Please reimburse me based on the following information:

Dates	Hotel/City	# of nights	Daily Rate*	Total
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

* Daily rate excluding taxes and service charges.

Car Rental Agreement

- Attached is a copy or fax of the car rental agreement.
 - OR - I certify that I have contacted the rental car agency and was unable to obtain a copy of the car rental agreement. Please reimburse me based on the following information:

Dates	Rental Company	Car Class*	# of Days	Total
_____	_____	_____	_____	_____

* C=Compact, M=Mid-size, F=Full-size

Meals (list each meal separately)

Dates	B, L, D*	Restaurant & City	# of People	Total
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*B=Breakfast, L=Lunch, D=Dinner (Note if more than 1 person, please include business purpose on Travel & Reimbursement Report)

Miscellaneous, Prepayment, Other

- Attached is a copy of my credit card statement, order form, or on-line confirmation.

Date	Description (in detail)	Total
_____	_____	_____
_____	_____	_____
_____	_____	_____

I, the undersigned, certify (a) that each expense described above, and reported on the appropriate Travel & Reimbursement Report, dated _____ was lost or not obtained, and (b) that these expenses have not yet nor will again be submitted to Hampshire College or any other organization for reimbursement or tax purposes.

Signature of Payee _____ Date _____
 Required

Budget Manager Signature _____ Date _____
 Required

(Please attach additional explanations if necessary)