

HAMPSHIRE COLLEGE NON-TRAVEL REIMBURSEMENT FORM

Requisition # _____
 PO # _____
 Accepted: _____

Full Legal Name *(please print)*: _____ Phone: _____

Legal Address: _____
Street City State Zip

Mailing Address: _____ US Citizen *(circle)*: Yes No
Street City State Zip

Please check all that apply: Employee Student Graduate Vendor

Description of expense: _____

Record appropriate travel & entertainment expenses according to both the nature of the expense and the method of payment. Please provide a business purpose for all expenses. Original receipts must be attached for reimbursements; contracts for stipends and honorariums; sufficient documentation for any other payments. If receipts are not available, complete the Missing Receipt Affidavit.

Expense Detail – Reimbursable Expense Items

Date	Expense/Payment To:	Account Information		Payment	
		Account Name	Account Number	P Card*	Individual
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
			TOTAL	\$	\$

Less Advance: \$ _____

Cash Requested (Returned): \$ _____

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

 Payee (Employee or Student) 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

*Submit receipts to Purchasing monthly