

## HAMPSHIRE COLLEGE TRAVEL REIMBURSEMENT FORM

Requisition # \_\_\_\_\_

PO # \_\_\_\_\_

Accepted: \_\_\_\_\_

Full Legal Name (please print): \_\_\_\_\_

Phone: \_\_\_\_\_

Legal Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

US Citizen (circle): **Yes** **No**

Please check all that apply: Employee  Student  Graduate  Vendor

Business purpose of trip and/or expense, attendees (if applicable) \_\_\_\_\_

Record appropriate travel and 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 for expenses \$20 and above must be attached. If receipts are not available for expenses \$20 and above, complete the Missing Receipt Affidavit.

### Expense Detail – Reimbursable Expense Items

Date	Description	Travel					Account Number	Total
		Air	Ground	Personal Auto-Plate #*	Meals	Lodging		
<b>TOTAL</b>		\$	\$	\$	\$	\$		\$

Less Advance: \$ \_\_\_\_\_

Cash Requested (Returned): \$ \_\_\_\_\_

I certify that these are all legitimate Hampshire College business travel expenses incurred by me for which I request reimbursement.

\_\_\_\_\_  
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

\*Personal Auto – See “Rates-at-a-glance” webpage for mileage rate. (<http://www.hampshire.edu/businessoffice/6886.htm> ) If traveling from home, deduct normal commute mileage.