

Hampshire College Student Activities Fund Reimbursement Form

- Record appropriate travel & entertainment expenses according to both the nature of the expense and method of payment. Please provide a business purpose for all expenses. Original receipts must be attached; if receipts are not available, complete the Missing Receipt Affidavit.
- Forms with missing information will NOT be processed and will be returned to the student group mailbox

Printed Legal Name: _____ Student Box #: _____ Phone: _____

Mail check to*: _____

**Checks will ONLY be mailed to an alternative address (different from Student Box or Legal Address), if you attach a self-addressed envelope to this form.*

Legal Address: _____

Reimbursement Information:

Student Group Name: _____ Student Group Account Number: _____

- **For events/meetings/trips ONLY** Purpose: _____

_____ Date: _____ Number of attendees: _____

- **For mileage reimbursements ONLY** Plate Number: _____ Total Miles Traveled: _____ Current Mileage Rate = \$ _____

Starting Address: _____ Ending Address: _____

Date	Reimbursable Expense Items*	Vendor	Totals

**Food, Materials/Supplies, Conference Registration, Gas for Rental Vehicle, etc.*

GRAND TOTAL \$ _____

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

Payee (Student) Signature: _____ Date: _____

Signer Authorization (Signers cannot authorize reimbursements for themselves)

Name of Signer #1: _____ Signature: _____ Email: _____

Name of Signer #2: _____ Signature: _____ Email: _____

Approved By: _____ Date: _____

CLA USE ONLY: Form Received: _____ Req Entered: _____ PO Number: _____ Accepted: Yes / No Date: _____