

## 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: \_\_\_\_\_