

HAMPSHIRE COLLEGE
NON-TRAVEL PAYMENT REQUEST FORM

PO#
 Accepted
 in Hub?

Full Legal Name: _____ Phone: _____
Please Print

Legal Address: _____
Street City State Zip Country

US Citizen:
 Yes No

Address to Send Check: _____
Campus box or other mailing address if different from above City State Zip Country

Please check one: Employee Student Vendor Alumni **Please check one:** Reimbursement Stipend/Honoraria Other

*Please record appropriate business expenses below. Please provide a business purpose for all expenses. **Itemized receipts** must be attached for reimbursement, signed contracts for stipends and honoraria, and sufficient documentation for other types of payments. If itemized receipts are not available for reimbursements, please complete a Missing Receipt Affidavit. For food/entertainment, each attendee must be named if 10 or fewer people attended.*

Business Purpose: _____

Date	Description	Account Number	Amount
TOTAL			

Total Payment Allowed: _____

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

 Payee Signature

 Payee Name (Please Print)

 Date

I have reviewed these expenses and certify that they are in accordance with College policy.

 Supervisor/Budget Manager Signature

 Supervisor/ Budget Manager Name (Please Print)

 Date