Who * What * When * Where * Why

Club Sports
Travel/Food Reimbursement Form

1. Please complete every line.
2. Paperclip all receipts.
3. Use ONE form for each trip.
4. Please sign below.
5. Turn in completed forms at the Sherwood Center Office. There is a tray on the counter.

Who is the person requesting reimbursement:_____ Whitman ID # : Amount: $
Name for check to be made out to:
Number of people the receipts represent:_____(How many people traveled or ate food?) **If FUEL:** How many vehicles? _____Circle all that apply: Personal Whitman Rental Approximate miles driven: _____
What Club Sport:
When Travel/Food Began:
End Date of Travel/Food:
Where you Traveled or bought Food: (City, State)
Why you Traveled or bought Food: (ex. Team event, Nationals, Team dinner)
Campus mail unless you write alternate address for mailing:

By my signature below I certify that to the best of my knowledge:

1. The expenses detailed above have not been nor will not be reimbursed by any entity other than Whitman College.
2. The expenses detailed above were necessary to the business purposes of Whitman College and were appropriate and reasonable in nature.

Employee/Student Signature _____

Who * What * When * Where * Why