

University of Notre Dame
Accounts Payable Department
Missing Receipt Affidavit

Meals* (list each meal separately)

Date	B, L, D*, Restaurant Name, City	Names of People	Business Purpose	Total
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*Actual reimbursement is only available if per diem option is not taken.

Airline Ticket Receipts

- \] Attached is a copy or fax of the airline ticket receipt (last page of the ticket stub)
- \] I certify that I have contacted the agency and was unable to obtain a copy of the ticket receipt; therefore, I have attached the following:
- \] A copy of the American Express Corporate Card record of charge
- \] A copy of the itinerary invoice and form of payment (i.e., credit card statement, canceled check)

Lodging

- \] Attached is a copy or fax of the folio
- \] I certify that I have contacted the hotel and was unable to obtain a copy of the hotel folio. Please reimburse me based on the following information (dates, hotel, city, # of nights, daily rate*, total amount):

*Daily rate excluding taxes and service charges.

Car Rental Agreement

- \] Attached is a copy or fax of the car rental agreement, noting total amount and a decline on additional insurance
- \] I certify that I have contacted the rental car agency and was unable to obtain a copy of the car rental agreement. Please reimburse me based on the following information (dates, rental company, car class*, # of days, total amount):

*C=Compact, M=Mid-size, F=Full-size

Miscellaneous*

- \] Attached is a copy of the form of payment (i.e., credit card statement, canceled check)
-AND- the following information:

Date	Description of Expense	Business Purpose	Total

* Original receipts are necessary for all expenses greater than \$25 for miscellaneous expenses

I certify the above information is correct to the best of my knowledge.

Signature

Print Name

Date

If you have any questions please call Jackie Fuzey at 631-3936.