

**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 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.

