

**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):

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\*Daily rate excluding taxes and service charges.

