University of Notre Dame Accounts Payable Department Missing Receipt Affidavit

Meals* (list each meal separately)

Da	ite	B, L, D*, Restaurant Name, City	Names of People	Business Purpose	Total	
*A	 ctua	l reimbursement is only available if p	er diem option is not take	 n.		
			Airline Ticket Receipt	s		
\]	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 inv	oice and form of payment	t (i.e., credit card statemen	nt, canceled check)	
			Lodging			
\]	Attached is a copy or fax of the foli	o			
I certify that I have contacted the hotel and was unable to obtain a copy of the me based on the following information (dates, hotel, city, # of nights, daily rates)						
		*Daily rate excluding taxes and ser	vice 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-					
			Miscellaneous				
\]	Attached is a copy of the form of payment (i.e., credit card statement, canceled check) -AND- the following information:					
Da	ate	Description of Expense	Business Purpose	Total			
_		_					
_	-	_					
Ιo	certi	by the above information is corn	rect to the best of my knowledge.				
Signature			Print Name	Date			
F	OR	STUDENT ACTIVITIES REQ	UEST (additional signature required)				
Ιo	erti	y that the above purchases con	form with the Student Union Fiscal P	olicy.			
Signature			Print Name	Date			

If you have any questions please email Accounts Payable at acctpay@nd.edu.