

# University of Notre Dame

## Missing Receipt Affidavit

Total Amount in Missing Receipts

\$ \_\_\_\_\_

For additional receipts, complete a 2<sup>nd</sup> form.

### Meals

(Please list each meal separately)

Date	Meal Type			Restaurant Name, City & State	Total
	B	L	D		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$

Participants:

Business Purpose:

Date	Meal Type			Restaurant Name, City & State (or Country)	Total
	B	L	D		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$

Participants:

Business Purpose:

### Airline Ticket Receipts

- Attached is a copy or fax of the airline ticket receipt (last page of the ticket stub).

\_\_\_\_\_  
Initial 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).

TOTAL: \$ \_\_\_\_\_

### 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).

*\*Please select car type.*

- Compact       Mid-Sized       Full-Size

TOTAL: \$ \_\_\_\_\_

### Lodging

Attached is a copy or fax of the folio.

\_\_\_\_\_  
Initial 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):

Dates	Hotel, City	No. of Nights	Daily Rate	Total
				\$
				\$

\*Daily rate excluding taxes and service charges.

### Miscellaneous

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

Dates	Description of Expenses	Business Purpose	Total
			\$
			\$
			\$
			\$

Comments (i.e. Taxi or Parking receipts):

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

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

**Accounts Payable Department ~ 725 Grace Hall**

*If you have any questions contact Jackie Fuzey at 631-3936.*