## 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 have attached the following:					receipt; therefore, I	
		\ ] 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 agreement. Please reimburse me based on the following information (dates, rental company, cof 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:						
Da	te	Description of Expense	Business Purpose	Total				
		_						
I certify the above information is correct to the best of my knowledge.								
		,	,					
Signature			Print Name	Date				
FO	OR S	STUDENT ACTIVITIES REQ	UEST (additional signature required)					
Ιc	ertif	y that the above purchases con	form with the Student Union Fiscal P	olicy.				
Signature			Print Name	Date				

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