## University of Notre Dame General Accounting Department Missing Receipt Affidavit

**MEALS**\* (List each meal separately)

| Date       | В,   | L,D*, Restaurant Name, City Name   | es of People   | Business Purpose           | Total    |  |  |  |
|------------|--|--|----------------|----------------------------|----------|--|--|--|
|            |  |  |                |                            |          |  |  |  |
| *Actual re | eimb   | oursement is only available if per diem of   | option is not  | taken.                     |          |  |  |  |
|            |  | <u>Airline Ticket R</u>  | <u>eceipts</u> |                            |          |  |  |  |
| [          | ]  | Attached is a copy or fax of the airline   | ticket recei   | pt (last page of the ticke | et 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 statement, canceled check)   | and form of    | payment (i.e., credit ca   | ard      |  |  |  |
|            |  | <u>Lodging</u>   |                |                            |          |  |  |  |
| [          | ]  | 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): |                |                            |          |  |  |  |

<sup>\*</sup>Daily rate excluding taxes and service 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-size    |                              |                    |  |  |  |  |
|         |   | <u>Miscell</u>        | aneous*                      |                    |  |  |  |  |
| []      | Attached is a copy of the form of payment (i.e., credit card statement, canceled check) –AND- the following information:  |                       |                              |                    |  |  |  |  |
| Date    | Description of E  | xpense                | <b>Business Purpose</b>      | Total              |  |  |  |  |
|         |   |                       | _                            |                    |  |  |  |  |
|         |   |                       |                              |                    |  |  |  |  |
| *Orig   | inal receipts are necessa   | ry for all expenses   | g greater that \$25 for misc | ellaneous expenses |  |  |  |  |
| I certi | fy the above information  | n is correct to the l | pest of my knowledge.        |                    |  |  |  |  |
| Signa   | ture  | Print Nam             | e                            | Date               |  |  |  |  |