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 po	er diem option is not tak	en.				
			Airline Ticket Receip	ts				
\]	Attached is a copy or fax of the airli	ine ticket receipt (last pa	ge of the ticket stub)				
\]] I certify that I have contacted the agency and was unable to obtain a copy of the ticket receipt; therefore have attached the following:						
		\] A copy of the itinerary inv	oice and form of paymer	nt (i.e., credit card stateme	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 hotel folio. Please reimburs me based on the following information (dates, hotel, city, # of nights, daily rate*, total amount):						
		*Daily rate excluding taxes and serv	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 reagreement. Please reimburse me base of 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		
		_				
Ιc	ertif	by the above information is corr	rect to the best of my knowledge.			
		-	, G			
Si	gnat	ure	Print Name	Date		
F	OR S	STUDENT ACTIVITIES REQ	UEST (additional signature required))		
Ιc	ertif	y that the above purchases con	form with the Student Union Fiscal P	Policy.		
Si	gnat	ure	Print Name	Date		

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