# University of Notre Dame
## Travel And Expense Report

1) ☐ ND Faculty & Staff ☐ ND Student ☐ Other

2) ☐ U.S. Citizen/Permanent Resident ☐ Resident Alien/Non-Resident Alien

If checked "Other" and "Non-Resident Alien", list country & Visa Type:

*(Must check one if payment is to an individual)*

NAME (Please Print or Type)

Net ID (ex, jbrown1)

DEPARTMENT

PHONE #

**ACCOUNTING ONLY**

ND ID / Vendor I.D.# 1099:

Address Code: Process Type: Address Seq:

| Date | From | To | Airplane Tickets | Lodging | Conference Fees | Mileage for Car | Car Rental | Tolls, Taxi, Parking, etc. | Meals and Entertainment* *Detail of entertainment expenses, including meals, must be explained on supporting documentation. Bfast | Lunch | Dinner | Per Diem | Other | Total by Date |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 77010 | 77050 | 77020 | 77030 | | | 77060 | | | 77070 | | |
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| | | | | | | | | | | | | | | $ - |
| | | | | | | | | | | | | | | $ - |
| **Total Expense** | | | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |

**TRAVEL/EXPENSE DETAILS (Must document business purpose - attach additional sheet if necessary)**

LESS: Travel charged directly to a budget unit thru ND Travel Bureau

LESS: Travel Advance TR#

LESS: Prepaid Conference Fees, Hotel, etc.

**AMOUNT DUE EMPLOYEE/ (DUE UNIVERSITY)** $ -

**Direct Deposit, if banking information on file**

**Check, U.S. Mail** Address:

**Check, Specify ( ) Campus Mail, ( ) Hold for pick-up** Campus Address or Phone No.

**FOAPAL CODES *Required Fields for data entry (#) identifies length of number**

| *Fund (6) | *Organization (5) | *Account (5) | *Program (2) | Activity (5) | Location (4) | Total: | *Fund (6) | *Organization (5) | *Account (5) | *Program (2) | Activity (5) | Location (4) | Total: |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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**ORIGINAL RECEIPTS ARE REQUIRED FOR ALL MEALS (EXCLUDING PER DIEM) OR ANY OTHER EXPENDITURE OF $ 25.00 OR MORE**

**TOTAL** $ -

**EMPLOYEE SIGNATURE** **DATE** **DEPARTMENTAL APPROVAL NAME (Please Print or Type)** **DEPARTMENTAL APPROVAL SIGNATURE** **DATE** **Compliance Date**

**ACCOUNTING USE ONLY**

Transaction Date: Year / Month / Day

Vendor Invoice Date: Year / Month / Day

Vendor Invoice #:

Invoice Due Date: Year / Month / Day

Item Description:

**University of Notre Dame**
**Travel And Expense Report**

**Click here for forms updates:** http://apps.nd.edu/control_forms/search.cfm