UNIVERSITY OF NOTRE DAME ND2

University of Notre Dame
Travel And Expense Report

Print Form | Reset Form | Save As

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

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

If checked Other and Resident Alien/Non Resident Alien boxes, list country & Visa Type:

(Must complete section for processing)

NAME (Please Print or Type)

DEPARTMENT

PHONE #

ACCOUNTING ONLY

Vendor I.D.# **1099:**

Address Code: Process Type: Address Seq:

Date	From	To	Airplane Tickets	Lodging	Conference Fees	Mileage for Car	Car Rentals	Tolls, Taxi, Parking, etc	Meals and Entertainment* *Detail of entertainment expenses, including meals, must be explained on supporting documentation. Breakfast	Lunch	Dinner	Per Diem	Other	Total by Date
			77010	77050	77020	77030			77060			77070		
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
Total Expense			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	$0.00

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) $ 0.00

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

☐ **Check, U.S. Mail** Address

☐ **Check, Specify** ☐ **Campus Mail,** ☐ **Hold for pick-up** Campus Address

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

*Fund (6)	*Organization (5)	*Account (5)	*Program (2)	Activity (5)	Location (4)	Amount	*Fund (6)	*Organization (5)	*Account (5)	*Program (2)	Activity (5)	Location (4)	Amount
						$							$
						$							$
						$							$
						$							$
						$							$
						$							$
						$							$
						$							$
						$							$
						$							$

ORIGINAL RECEIPTS ARE REQUIRED FOR ALL MEALS (EXCLUDING PER DIEM) OR ANY OTHER EXPENDITURE OF $ 25.00 OR MORE **TOTAL** $ 0.00

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 #:

Item Description:

Vendor Invoice Date: ____ / ____ / ____ (Year / Month / Day)

Invoice Due Date: ____ / ____ / ____ (Year / Month / Day)

Renovare Version 7.4.21