UNIVERSITY OF NOTRE DAME ND2

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 | Net ID (ex, jbrown1)

DEPARTMENT

PHONE #

ACCOUNTING ONLY

ND ID / Vendor I.D.# | 099:

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		
														$ -
														$ -
														$ -
														$ -
														$ -
														$ -
														$ -
														$ -
														$ -
														$ -
														$ -
														$ -
														$ -
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:
823091	59015	58002	97	56130			823091	59015	58002	97	56130		

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:

Renovare Version 10.4.21

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