



UNIVERSITY OF NOTRE DAME

Expense Reimbursement Form

Purpose of Visit (colloquium, conference, etc.) \_\_\_\_\_

Date of Arrival: \_\_\_\_\_ Date of Departure: \_\_\_\_\_

Name \_\_\_\_\_
Mailing Address for Reimbursement Check
Street Address: \_\_\_\_\_
City, State and Zip: \_\_\_\_\_

Check [X]: [ ] U.S. Citizen/Perm. Resident [ ] Res. Alien [ ] Non-Res. Alien [ ] Other \_\_\_\_\_
If applicable, also [X] your Visa type: [ ] F-1 [ ] J-1 [ ] H1b [ ] B1/B2 [ ] Visa Waiver (WB/WT)
Include the applicable documents from page 2.

Table with 3 columns: Reimbursement Requested, Amount, Currency. Rows include Airfare, Hotel, Mileage, Parking, Taxi, Shuttle, Meals, Other, and Total Requested.

[ ] By checking this box, I certify that the expense(s) above were incurred by me and will not be reimbursed to me by any other source.

Please submit this form along with your receipts to:
Email: Kathy.phillips@nd.edu
Mail: Kathy Phillips
153 Hurley Hall
Notre Dame, IN 46556

**F-1:**

1. Printout of electronic I-94 (air entry) or paper card (land border entry)
2. Copy of passport (picture page)
3. Copy of Visa (visa stamped in passport)
4. Copy of I-20 (Certificate of Eligibility for Nonimmigrant Student Status)

**J-1:**

1. Printout of electronic I-94 (air entry) or paper card (land border entry)
2. Copy of passport
3. Copy of Visa
4. Copy of DS-2019
5. Authorization letter from sponsoring organization (only required if honorarium is paid)

**H1-b:**

1. If applicable, printout of electronic I-94 (air entry) or paper card (land border entry)
2. Copy of passport
3. Copy of Visa
4. Copy of I-797A (H-1B approval notice)

**B1/B2 visa or in WB/WT (visa waiver/ESTA program):**

1. If applicable, printout of electronic I-94 (air entry) or paper card (land border entry)
2. Copy of passport
3. Copy of Visa (B1/B2 visitors only)
4. [Compliance statement](#) completed and signed by visitor

**University of Notre Dame Compliance Statement for  
Payments to Visitors In Business or Tourist Status**

**Eligibility for Payments:** Visitors in business or tourist status (B-1, B-2, WB, WT) may be paid honoraria or reimbursed for travel expenses if (a) the visitor is engaged in the activity being compensated for any portion of nine days or less, and, (b) the visitor has not been paid or reimbursed by more than five other U.S. institutions or organizations during the past six months. A Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) is required for individual to be exempt from income tax withholding under a tax treaty on payment of honorarium.

***Visitor Information:***

Last Name (Family Name) \_\_\_\_\_  
As stated on Social Security card or Individual Taxpayer Identification Number (ITIN) documents

First Name (Given Name) \_\_\_\_\_  
As stated on Social Security card or Individual Taxpayer Identification Number (ITIN) documents

Social Security Number \_\_\_\_\_ or ITIN \_\_\_\_\_

Dates of Activity for Which Visitor is Being Paid \_\_\_\_\_

Visa Status \_\_\_\_\_ Briefly Describe the Activity \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

If you are a Canadian citizen, check if you did not receive Form I-94 (Departure Record) \_\_\_\_\_

**Statement of Visitor:** I attest that I have been engaged in the activities described above for the benefit of the University of Notre Dame for any portion of nine days or less, and, that I have not been paid or reimbursed by more than five other U.S. institutions/organizations during the past six months. I understand that if I fail to provide either a Social Security or an Individual Taxpayer Identification Number, I will be subject to US income tax withholding.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Statement of Department Head or Account Manager:** As sponsor of the above individual, I attest that the individual has been engaged in the activities described above for the benefit of the University of Notre Dame for any portion of nine days or less, and, that the activities for which the individual is paid or reimbursed are limited to speeches, lectures, program presentation, participation in a panel discussion and other similar activities.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please Attach This Statement to a Notre Dame Check/Cash Requisition or T&E Form**

Note: Honoraria and travel expenses may be paid to B-2 and WT visitors only under the eligibility requirements noted above. Honoraria may be paid to visitors in B-1 and WB status only under the above eligibility requirements. Travel reimbursements may be made to any B-1 or WB visitors. All payments are subject to standard University policies and procedures.

**For Payment Processing or Tax Questions: Becky Laskowski, Tax Department (574) 631-7051**

**For Visa or Immigration Questions: Deborah Gabaree, Office of the General Counsel (574) 631-6411**

**University of Notre Dame  
Accounts Payable Department  
Missing Receipt Affidavit**

**Meals\* (list each meal separately)**

| Date  | B, L, D*, Restaurant Name, City | Names of People | Business Purpose | Total |
|-------|---------------------------------|-----------------|------------------|-------|
| _____ | _____                           | _____           | _____            | _____ |
| _____ | _____                           | _____           | _____            | _____ |
| _____ | _____                           | _____           | _____            | _____ |
| _____ | _____                           | _____           | _____            | _____ |

\*Actual reimbursement is only available if per diem option is not taken.

**Airline Ticket Receipts**

- \ ] Attached is a copy or fax of the airline ticket receipt (last page of the ticket 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 itinerary invoice and form of payment (i.e., credit card statement, canceled check)

**Lodging**

- \ ] 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):

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\*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

### Miscellaneous

- \ ] Attached is a copy of the form of payment (i.e., credit card statement, canceled check) -AND- the following information:

| Date  | Description of Expense | Business Purpose | Total |
|-------|------------------------|------------------|-------|
| _____ | _____                  | _____            | _____ |
| _____ | _____                  | _____            | _____ |
| _____ | _____                  | _____            | _____ |
| _____ | _____                  | _____            | _____ |

I certify the above information is correct to the best of my knowledge.

\_\_\_\_\_  
Signature                                      Print Name                                      Date

FOR STUDENT ACTIVITIES REQUEST (additional signature required)

I certify that the above purchases conform with the Student Union Fiscal Policy.

\_\_\_\_\_  
Signature                                      Print Name                                      Date

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