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 ☑: ☐ U.S. Citizen/Perm. Resident   ☐ Res. Alien   ☐ Non-Res. Alien   ☐ Other _____

*If applicable, also ☑ your **Visa type**: ☐ F-1 ☐ J-1 ☐ H1b ☐ B1/B2 ☐ Visa Waiver (WB/WT) Include the applicable documents from page 2.*

Reimbursement Requested	**Amount**	**Currency**
Airfare (receipt must show payment confirmation and airline)	_____	☐ USD ☐ Other
Hotel (receipt must show payment confirmation)	_____	☐ USD ☐ Other
Mileage (enter total round-trip mileage _____ x)	_____	☐ USD ☐ Other
Parking (enter total for all days)	_____	☐ USD ☐ Other
Taxi (enter total for all days)	_____	☐ USD ☐ Other
Shuttle (enter total for all days)	_____	☐ USD ☐ Other
Meals (enter total for all days)	_____	☐ USD ☐ Other
Other _____	_____	☐ USD ☐ Other
Other _____	_____	☐ USD ☐ Other
Total Requested	_____	☐ USD ☐ Other

☐ ***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