



LOST/ITEMIZED RECEIPT FORM (P-CARD)

University Hall 180
Phone: (818) 677-2301
Fax: (818) 677-6544
Mail Code: 8231
Email: purch@csun.edu

PURCHASED FROM: _____

RECEIVED ON: _____

Item No:	Qty:	Description:	Unit Price:	Extension:
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
			SUBTOTAL:	\$ _____
			SALES TAX:	\$ _____
			S & H:	\$ _____
			TOTAL:	\$ _____

****LOST RECEIPT ONLY****

Reasons original itemized receipt/invoice was not obtained for this order:

I CERTIFY THIS IS NOT A DUPLICATE PAYMENT AND THE ABOVE ITEMS LISTED WERE ORDERED.

CARDHOLDER/CARD CUSTODIAN'S SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____ **EXT:** _____

FINANCIAL APPROVER: _____ **DATE:** _____