

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:** _____