



California State University, Long Beach

LOST/ITEMIZED RECEIPT FORM

Business Unit: [ ] LBCMP – CSU Long Beach P-Card [ ] LBF DN – Research Foundation P-Card
Request Type: [ ] Lost Receipt [ ] Itemized Receipt
Cardholder Name:
Department Name:

PURCHASE INFORMATION

I certify that the following items were ordered from the following vendor on the date specified below:

Vendor Name: Phone#:
Vendor Address (Street, City, State, Zip and Country):

Date Received:

PURCHASE DETAILS

Provide detailed information for each item on the receipt.

Table with 5 columns: Item Number, Description, Quantity, Unit Price, Line Total

Enter reason for lost receipt:

JUSTIFICATION & APPROVAL

Justification or Purpose of Purchase/Change Request (Give a brief explanation how this request benefits the CSU):

I, the requestor, certify that this Lost Receipt form represents a purchase that is reasonable and necessary for the department's operations and the University's mission.

Requestor (please print) Requestor Signature
Requestor Phone Date

I, the appropriate administrator/approver, certify that the activity represented on this Lost/Itemized receipt form is reasonable and necessary for the department's operations and the University's mission. (Delegation of Authority/Purchasing Policy)

Appropriate Administrator/Approver Name (please print)
Appropriate Administrator/Approver Signature Date

Submit approved Lost/Itemized Receipt Form to Purchasing:

LBCMP - Purchasing Department - MS-0123, 1250 Bellflower Boulevard, Long Beach, CA 90840 Phone:(562)985-4296
LBF DN - Research Foundation Suite 332 - FNDBLDG, 6300 State University Drive, Long Beach CA 90815-4680 Phone:(562)985-7634