



**PCC CARD LOST
RECEIPT REPORT**

Supplier Name:

Card Holder Name:

PCC Card # (last 4 digits):

Items Purchased & Description:

Amount:

1.	
2.	
3.	
4.	
5.	

Tax: _____

Receipt Total: \$ 0.00

Additional Comments / Explain how you attempted to get duplicate invoice:

I certify by my signature below that the above goods/services were purchased via the SDSU PCC card in my name and that the goods/services were for official University business.
I have recorded this payment in order to prevent a later duplicate payment.

Cardholder Signature and Date

Approving Official Signature and Date

(Must Be Signed and Dated by Cardholder and Approving Official)

Revised 08/13/15