

CALIFORNIA STATE UNIVERSITY, FULLERTON

Lost/Missing Receipt Verification

PCard Last 4 digits of Pcard: _____
Travel Travel Request #: _____
Accounts Payable AP Check Request Number (DPxxxxxx): _____

Name: _____ Division: _____ Department: _____

Purchase Information:

Vendor Name: _____ Vendor Phone #: _____
Vendor Address: _____
Date of Purchase: _____ Cost of Purchase: _____
Reason for lost receipt: _____

Attempt to obtain receipt copy:

How did you contact Vendor?

Phone #: _____ Email: Attach email trail Other: _____
Date/time: _____
Who did you contact: _____
Outcome: _____
Other (describe): _____

Detailed Description of each Item Purchased:

Detailed Description	Quantity	Total Cost	Business Purpose

Signature:

I, certify (a) that the receipt for the expense described above for P-Card, Travel, or other was lost or not obtained, (b) I have attempted to obtain a copy, and (c) that this expense has not and will not be submitted for reimbursement elsewhere.

Print Name of Cardholder/Traveler/Payee

Signature

Date

Approval:

Approval:

Print Name of Approver

Approver's Signature

Date