



CALIFORNIA
STATE UNIVERSITY
NORTHRIDGE

Purchasing & Contract Administration

LOST/ITEMIZED RECEIPT FORM (P-CARD)
ALL FIELDS REQUIRED

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

**SUBMIT THIS AFFIDAVIT WITH YOUR P-CARD RECONCILIATION PACKET IN LIEU OF THE MISSING RECEIPT.
ONE FORM PER MISSING RECEIPT.**

VENDOR/MERCHANT: _____ **STATEMENT POST DATE:** _____ **TOTAL AMOUNT: \$** _____

Detailed description of items purchased:

Reason why original itemized receipt/invoice was not obtained:

I CERTIFY BY MY SIGNATURE BELOW THAT THE ABOVE GOODS/SERVICES WERE PURCHASED IN MY NAME VIA THE CSUN PROCUREMENT CARD FOR OFFICIAL UNIVERSITY BUSINESS. THE ABOVE GOODS/SERVICES WERE PURCHASED IN ACCORDANCE WITH THE POLICIES AND PROCEDURES OUTLINED IN THE PROCUREMENT CARD HANDBOOK AND A DUPLICATE RECEIPT/INVOICE CANNOT BE OBTAINED.

P-CARDHOLDER NAME: _____ **EXT:** _____

P-CARDHOLDER SIGNATURE: _____ **DATE:** _____

FINANCIAL APPROVER NAME: _____ **EXT:** _____

FINANCIAL APPROVER SIGNATURE: _____ **DATE:** _____