

LACK OF ITEMIZED RECEIPT

Please complete and attach to ProCard Statement, Travel Claim, or other documents as necessary.

EMPLOYEE INFORMATION

PRINT PURCHASER NAME

PHONE EXTENSION

VENDOR NAME:

PURCHASE DATE:

QTY	Description of Items Purchased	Unit Price	Extended Price
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
		Tax	\$
		Shipping	\$
		Total	\$

Reason for lack of receipt (must be completed):

By signing below, I verify that an itemized receipt is not available and I have taken all measures to obtain a duplicate receipt. I am not claiming reimbursement from any other source nor claiming this purchase as a tax deduction. The expenses incurred are for CSUSM and/or CSUSM Corporation and/or CSUSM Foundation business purposes, there are no personal expenses, and the information provided is true and accurate.

Purchaser Signature

Date