

CALIFORNIA STATE UNIVERSITY, MONTEREY BAY
Procurement Card
Missing/Lost Receipt Verification

 Cardholder Name Last 4 digit of Pro-Card

 Department Date of Purchase

 Vendor/Merchant Name Vendor/Merchant Address

Detailed Description of each item Purchased:

<u>Quantity</u>	<u>Detailed Description</u>	<u>Unit Price</u>	<u>Total Cost</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
		Tax	\$ _____
		Shipping	\$ _____
		Total Cost	\$ _____

Signature:

I, certify the receipt for the expense described above for Pro-Card was lost or not obtained. Please accept this memo as evidence of purchase in lieu of the original receipt. I am aware that excessive instances of lost receipts/invoices may result in my card being revoked.

 Cardholder Signature Date

Approval:

 Approving Official's Signature Date