



California State University, Long Beach
LOST ITEMIZED RECEIPT FORM

Business Unit: LBCMP LBF DN LB49R
Purchase Type: P-Card Travel Hospitality Gift Direct Payment

Requester/Cardholder Name: _____

Department Name: _____

PURCHASE INFORMATION

I certify that the following items were purchased from the listed supplier on the date specified below:

Supplier Name: _____ Supplier Phone Number: _____

Supplier Street Address: _____

City: _____ State: _____ Zip: _____ Country: _____

PURCHASE DETAILS

Provide detailed information for each item on the receipt.

Date Purchased	Detailed Description of Item(s)	Sub Total	Shipping & Sales Tax	Total Cost

If Travel or Hospitality expense is charged to Campus Fund GFO01, I certify that NO alcohol was purchased. Yes No

Enter reason for lost itemized receipt:

JUSTIFICATION & APPROVAL

Justification or Purpose of Purchase Request (Give a brief explanation how this purchase request benefits the CSU):

I, the requester, certify that this Lost Itemized Receipt form represents a purchase that is reasonable and necessary for the department's operations and the University's mission.

Requester (please print) _____ Requester Phone Number: _____

Requester Signature _____ Date: _____

I, the appropriate administrator/approver, certify that the activity represented on this Lost Itemized Receipt form is reasonable and necessary for the department's operations and the University's mission. (Delegation of Authority/Purchasing Policy)

Appropriate Administrator/Approver Name (please print) _____

Appropriate Administrator/Approver Signature _____ Date: _____

Submit approved Lost Itemized Receipt Form to Accounts Payable along with all required supporting documentation:
LBCMP/LBF DN/LB49R – Accounts Payable, Foundation Bldg (MS-9901), Suite 280, 6300 State University Drive, Long Beach, CA 90815-4860
Phone: (562) 985-2512