LOST ITEMIZED RECEIPT FORM

California State University, Long Beach

Business Unit:  □ LBCMP  □ LBFDN  □ 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.

<table>
<thead>
<tr>
<th>Date Purchased</th>
<th>Detailed Description of Item(s)</th>
<th>Sub Total</th>
<th>Shipping &amp; Sales Tax</th>
<th>Total Cost</th>
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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/LBFDN/LB49R – Accounts Payable, Foundation Bldg (MS-9901), Suite 280, 6300 State University Drive, Long Beach, CA 90815-4860
Phone: (562) 985-2512