



**ACCOUNTING DEPARTMENT**

Dixon Hall, 5<sup>th</sup> Floor | Box #11

**UNIVERSITY CREDIT CARD  
MISSING RECEIPT FORM**

I, \_\_\_\_\_, have either not received \_\_\_\_\_ or misplaced \_\_\_\_\_ a Purchasing Credit Card Receipt and/or Merchant Sales Slip. This form is submitted in lieu of the original receipt.

Cardholder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Cost Center: \_\_\_\_\_

Date of Transaction: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

#	Item Purchased and Purpose	Quantity	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
			<b>Total</b>	<b>\$</b>

**I certify that the amounts shown were expended for California University business purposes.**

Cardholder: \_\_\_\_\_ Date: \_\_\_\_\_

Vice President/President: \_\_\_\_\_ Date: \_\_\_\_\_

*One form must be completed for each missing receipt. Attach this to the monthly statement along with your other receipts and documents.*