

LOST RECEIPT NOTIFICATION FORM



CSU, Chico Research Foundation

Date: _____

Date of Purchase: _____

Purchaser's Name: _____

Project: _____

Vendor's Name: _____

Vendor's Address: _____

Reason(s) itemized receipt was not obtained:

Description of Purchase:

Qty	Detailed Description of Items Purchased	Unit Price	Extended Price
SUB TOTAL			
Tax			
Shipping			
TOTAL			

Please accept this memo as evidence of purchase in lieu of the original itemized receipt. I am aware that excessive instances of lost receipts may result in my cash advance privileges being suspended or revoked.

Purchaser's Signature

Date

Project Director or Designee Signature

Date