



California State University, Long Beach  
**LOST ITEMIZED RECEIPT FORM**

**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.

| 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/LBFDN/LB49R – Accounts Payable, Foundation Bldg (MS-9901), Suite 280, 6300 State University Drive, Long Beach, CA 90815-4860  
Phone: (562) 985-2512

California State University, Long Beach  
**LOST ITEMIZED RECEIPT FORM INSTRUCTIONS**

**HEADER SECTION**

**Business Unit** – Enter the business unit to which the expense will be charged.

**Purchase Type** – Identify the type of purchase transaction: P-Card, Travel, Hospitality, Gift, or Direct Payment

**Requester/Cardholder Name** – Identify the requester/cardholder name.

**Department Name** – Identify the Department Name to which the requester/cardholder belongs.

**PURCHASE INFORMATION SECTION**

**Supplier Name** – Enter the supplier name where the purchase was made.

**Supplier Telephone Number** – Enter the supplier telephone number including area code.

**Supplier Address** – Enter the supplier address including street, city, state, zip code and country.

**PURCHASE DETAILS SECTION**

**Date Purchased** – Enter the date the item(s) was purchased.

**Detailed Description** – Enter the detailed description for the item(s) on the lost receipt.

**Sub Total** – Enter the sub total for the item(s) purchased.

**Shipping & Sales Tax** – Enter any shipping costs and sales tax for the item(s) purchased.

**Total Cost** – Enter the total cost of the item(s) purchased.

**Certification** – Select Yes or No for certification of Travel or Hospitality expenses charged to Campus Fund GF001.

**Enter reason for lost itemized receipt** – Explain why the itemized receipt is not in your possession.

**JUSTIFICATION & APPROVAL SECTION**

**Justification or Purpose of Purchase Request**

Give a brief explanation how the purchase of the item(s) identified on the Lost Itemized Receipt form benefits the CSU.

**Requester Section**

Complete the Requester name, signature, phone, and date which certifies that the commodities/services purchased are necessary for the department's operations and university's mission.

**Appropriate Administrator/Approver Section**

Acquire the Appropriate Administrator/Approver's name, signature, and date to certify that the funds are available for the purchase and the activity is reasonable and necessary for the department's operation and the university's mission.

**Submit the approved Lost Itemized Receipt Form with all required supporting documentation to Accounts Payable:**

**LBCMP/LBFDN/LB49R**

Accounts Payable, Foundation Bldg. (MS-9901)  
6300 State University Drive, Suite 280  
Long Beach CA90815-4860, USA

Phone: (562) 985-2515