LACK OF ITEMIZED RECEIPT

SMCMP SMFND SMURS

Please c	omplete and attach to ProCard Statement, Trave	l Claim, or other documents a	s necessary.	
EMPLOY	/EE INFORMATION			
PRINT PURCHASER NAME			PHONE EXTENSION	
VENDOF	R NAME:			
PURCHA	ASE DATE:			
QTY	Description of Items Purchased	Unit Price	Extended Price	
	·		\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
		Tax	\$	
		Shipping	\$	
		Total	\$	
Reason	for lack of receipt (must be completed):			
duplicate deductio	ng below, I verify that an itemized receipt is not a e receipt. I am not claiming reimbursement from n. The expenses incurred are for CSUSM and/or e purposes, there are no personal expenses, and	any other source nor claiming CSUSM Corporation and/or C	g this purchase as a tax CSUSM Foundation	
Purchaser Signature		Date		