

**SDSU PCC VISA CARD
LOST RECEIPT REPORT**

Supplier Name:

Card Holder Name:

PCC VISA Card Number:

Items Purchased & Description:

Amount:

1.

2.

3.

4.

5.

Tax: _____

Receipt Total:

\$ _____

Additional Comments:

I certify by my signature below that the above goods/services were purchased via the SDSU PCC VISA card in my name and that the goods/services were for official University business.

I have recorded this payment in order to prevent a later duplicate payment.

Cardholder Signature

Approving Official Signature

(Must Be Signed by Cardholder and Approving Official)

Revised 11/00