



**PCC CARD LOST  
RECEIPT REPORT**

**Supplier Name:**

**Card Holder Name:**

**PCC Card # (last 4 digits):**

**Items Purchased & Description:**

**Amount:**

1.

2.

3.

4.

5.

**Tax:**

**Receipt Total:**

\$

0.00

**Additional Comments / Explain how you attempted to get duplicate invoice:**

I certify by my signature below that the above goods/services were purchased via the SDSU PCC 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 and Date**

\_\_\_\_\_  
**Approving Official Signature and Date**

**(Must Be Signed and Dated by Cardholder and Approving Official)**

Revised 08/13/15