

Chicago State University
Office of Financial Affairs ADM213
9501 S. King Drive Street
Chicago, IL 60628

AFFIDAVIT FOR LOST RECEIPT

I hereby report that I have lost the receipt for a CSU P-Card purchase identified as follows:

DATE OF PURCHASE: _____

VENDOR: _____

AMOUNT OF PURCHASE: _____

ITEM(S) PURCHASED: _____

BUSINESS PURPOSE: Loss of this receipt has been reported to the Primary Approving Official, and this signed document will be attached to the Purchasing Card Monthly Commercial Card Statement as a substitute for the original receipt. I understand that repeated incidences of lost receipts constitute misuse of the P-Card and are subject to loss of P-Card privileges.

I certify that the goods or services specified were for the use of Chicago State University and that the expenditure for such goods or services was authorized and lawfully incurred.

Date

P-Card Number

Cardholder Signature

Cardholder Name (Printed)

Primary Approving Official Signature

Primary Approving Official Name (Printed)