



*This form is used in the event that a Cardholder misplaces or does not receive a receipt for a purchase made with the University ProCard. A Receipt of goods form must be completed for each missing receipt. If you are missing a receipt, please fill out this form and submit in conjunction with your monthly ProCard Adjustment report.*

**Receipt Information**

Vendor Name: _____	Receipt Date: _____
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**Items Purchased**

Quantity	Description of Purchase	Unit Price	Extended Cost
Subtotal			
Sales Tax			
Shipping			
Total			

**Reason(s) itemized invoice/receipt was not obtained**

**Department Approval**

*I certify that the goods listed above were received and were for official San José State University business.*

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Appropriate Administrator<sup>1</sup> Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> Appropriate Administrator must be a MPP.