



Lack of Itemized Receipt

Associated Students, Inc.
Cal Poly Pomona

Please complete and attach to submission documents.			
Purchaser Information:			
Print Purchaser Name (First Name, Middle Initial, Last Name):			Phone Extension:
Vendor Name:			
Purchase Date:			
QTY	Description of Items Purchased	Unit Price	Extended Price
		Tax	
		Shipping	
		Total	
Reason for lack of receipt (must be completed):			
I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.			
Purchaser Signature:			Date:
Advisor/Supervisor Printed Name:			
Advisor/Supervisor Signature:			Date: