

Lack of Itemized Receipt

Associated Students, Inc. Cal Poly Pomona

Please comp	olete and att	ach to submission documents.		
Purchaser Ir	nformation:			
Print Purchaser Name (First Name, Middle Initial, Last Name):			Phone Extension:	
Vendor Nan	ne:			
Purchase Da	ate:			
QTY		Description of Items Purchased	Unit Price	Extended Price
·			Tax	
			Shipping	
			Total	
Reason for I	ack of recei	ot (must be completed):		
		OVE INFORMATION IS CORRECT.		
Purchaser Signature:			Date:	
Advisor/Sup	pervisor Prin	ted Name:		
Advisor/Supervisor Signature:			Date:	