CAL POLY HUMBOLDT

Clubs

Today's Date _____

Lost Receipt Memo

Club Fund#

Club's Full Name	
Payee Name	
Payee Address	
City, State, Zip	

Date	Description of Item Purchased	
	Total:	

Explanation for above-referenced missing receipt:

I certify that I incurred the above listed amount in authorized expenses for HSU and the original receipts were lost. I am requesting reimbursement for these expenses and I have not been reimbursed for this expense by any other party.

Checking this box ensures the missing receipt(s) did not include the purchase of alcoholic beverages.

Print Recipient's Name	Date	Recipient's Signature
Print Advisor's Name	Date	Advisor's Signature
Print Treasurer or President's Name	Date	Treasurer or President's Signature