

Receipt Information

Certification of Receipt of Goods Payment Services

Finance - One Washington Square - San José, CA 95195-0008

Main: 408-924-1558

This form is used in the event that an SJSU employee misplaces or does not receive a receipt for a purchase made with the university ProCard, GoCard or when the expense is paid out of pocket. If you are missing a receipt, please fill out this form and submit in conjunction with your monthly ProCard/GoCard Reconciliation, Employee/Student Reimbursement, or Travel Reimbursement request. The Certification Receipt of Goods form must be completed for each missing receipt.

| Supplier Name ¹ : | | Receipt Date: | |
|--------------------------------|---|---------------------|-----------|
| Items Purc | hased | | |
| Quantity | Description of Purchase | Unit Price | Extension |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | Sub-Total: | | |
| | | Tax: | |
| | | | |
| | | Shipping/Freight: | |
| | | | |
| | | Total: | |
| Reason ite | mized invoice/receipt was not obtained: | | |
| | | | |
| | | | |
| | | | |
| Departmen | t Approval | | |
| I certify that the | goods listed above were received and were for San José State Ur | viversity business. | |
| Employee/Cardholder Signature: | | Date: | |
| Print Name: | | | |
| | | | |
| Approving Official Signature: | | Date: | |
| Print Name: | | | |
| | | | |

¹ Supplier name

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