

# CALIFORNIA STATE UNIVERSITY DOMINGUEZ HILLS FOUNDATION

## STATEMENT OF NON-REIMBURSEMENT FROM OTHER SOURCES

*(To be used when receipts are lost or not available)*

Name of Party to be Reimbursed: \_\_\_\_\_ Amount \$: \_\_\_\_\_

Purchased From: \_\_\_\_\_ Foundation Acct #: \_\_\_\_\_

Date of Original Purchase: \_\_\_\_\_ Date of Purchase: \_\_\_\_\_

Description: \_\_\_\_\_

Reason receipt is not available: \_\_\_\_\_

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"This is to certify that I purchased the above mentioned item(s). The receipts are unavailable for the reason stated above and I have not been reimbursed from any other source."

Payee Signature	Date
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Sep-08