Procurement Services Division Credit Card Unit 8525 Rex Rd., Pico Rivera, CA 90660

Main Line: (562) 654-9401 Fax: (562) 654-9048

Declaration of Unauthorized/Fraudulent Use

1. Indicate the name on the card that was lost/stolen:				
2. Please check the My Card was:	e statement that applies to	your situation:		
☐ Lost ☐ Stolen:				
Date card was lost or stolen:				
☐ I have unauthorized transactions, but my card is in my possession.				
3. THE TRANSACTI Disputed Transact	ON(S) LISTED BELOW ARE ions:	UNAUTHORIZED,	/FRAUDULENT.	
Date	Document Number	Merchant Na	ame	Amount
Please sign and dat	e below:			
Cardholder Signature		Date	Approving Official Signature	Date

Please upload the completed form to the unauthorized/fraudulent transaction(s) in SAP.