
Request for Advance Payment and/or Deposit

To: _____ **Date:** _____
Name of Fiscal Administrator

From: _____
Name of Department Head/Administrator

Contact Name: _____ **Phone No.:** _____

Advance Payment/Deposit is being requested for:

Vendor: _____

Total Amount of Contract or PO: _____ Amount of Advance Payment/Deposit: _____

Date Payment/Deposit Required: _____

Description of the goods/services to be purchased, including dates of services (if applicable).

Justification for the advance payment/deposit, including an explanation of whether attempts were made to negotiate other arrangements (as applicable), and impact on the program/project if request is denied.

Certification:

Approved By: _____ Date: _____
Name of Department Head/Administrator

Reviewed By: _____ Date: _____
Fiscal Administrator

Approved / Disapproved:

_____ Date: _____
Chancellor/Designee or Vice President

Advance Payment/Deposit for contracts or purchase orders exceeding departmental purchasing authority:

Approved / Disapproved:

_____ Date: _____
Vice President for Budget and Finance and Chief Financial Officer