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## Request for Advance Payment and/or Deposit

**To:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Name of Fiscal Administrator

**From:** \_\_\_\_\_  
Name of Department Head/Administrator

**Contact Name:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

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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.

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**Certification:**

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Department Head/Administrator

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Fiscal Administrator

Approved / Disapproved:

\_\_\_\_\_ Date: \_\_\_\_\_  
Chancellor/Designee or Vice President

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**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