

Any exceptions to standard payment practices must be fully justified, documented, and approved in advance. This form collects basic information and includes a series of questions related to your request. The information provided will help support and expedite the review of your advance payment request. If more space is needed, please attach additional pages and any relevant supporting documentation.

Department Contact Name _____ Department _____

Requisition/Purchase Order _____ Date Submitted _____

Supplier Name _____ Payment Amount _____

1. Briefly describe the purpose of the project for which this product or service will be used.
2. Explain why an advance payment is being requested. Include any cost savings or other benefits to the University that would result in paying in advance.
3. Describe the potential risks associated with issuing this payment in advance.
4. Does the supplier permit equal installment payments over the term of the agreement?
5. What is the supplier's reason for offering this arrangement?
6. Can other universities access or utilize this contract or agreement? ____ Yes ____ No
7. Can other universities receive the same pricing or terms offered in this agreement? ____ Yes ____ No

Authorized Department Approver

Printed Name Signature Title Date

Controller's Office Approver

Printed Name Signature Title Date