



REQUEST FOR ADVANCE PAYMENT

TO: ACCOUNTS PAYABLE

RE: ADVANCE PAYMENT REQUEST

FROM: _____, (Department Head)

FROM: _____, (Dean)

AMOUNT: \$ _____

PAYEE: _____

Department Name: _____

I am aware that it is not a University policy to issue payments in advance of delivery of goods or services. In this instance, all other avenues for making payment have been researched (i.e. use of Visa Purchasing card, Purchase Order, presentation of the check at the time of event, etc.), and advance payment is the only available option.

I understand that in making an advance payment, the University may not be protected in the event that the goods are not received or the services are not rendered. My department is willing to meet the financial commitment and hereby request approval for this advance payment. This needs to be completed at least 14 business days prior to date of payment.

Department Head or Dean Signature Date

TYPE OR PRINT NAME:

Vice President or Provost Approval Date Rev 10/13