

PREPAYMENT AUTHORIZATION

To only be used for unusual or extenuating circumstances

DOCUMENT NUMBER _____ DATE _____

DEPARTMENT _____ AGENCY/ORG _____

VENDOR _____

Has the vendor been informed of ASU's policy to not make prepayments? Yes No

If vendor has been informed of policy to not prepay, has there been negotiations for progress payments to be made as services and/or product deliveries are made to ASU instead of only one lump sum prepayment, with vendor not accepting the progress payment option?

Yes No

If answer to both questions above is yes, and prepayment is absolutely necessary, complete the rest of the form as to the unusual or extenuating circumstances.

ITEM DESCRIPTION AND REASON FOR PREPAYMENT (MAY ALSO BE ATTACHED AS A MEMO):

DESCRIPTION (Include dollar amount of the prepayment):

REASON FOR PREPAYMENT:

Is the purchase a sole source? Yes No

If yes, attach the Justification for Sole Source Purchase form. Prepayment can then be made upon approval by Purchasing.

Signature of Requester _____ Print Name and Title _____ Date _____

Dean or Director Signature _____ Print Name and Title _____ Date _____

Buyer _____ Date _____

APPROVAL SECTION

John F. Riley _____ Date _____
Executive Director of Purchasing and Business Services

Gerald E. Snyder _____ Date _____
Associate Vice President for Finance and Treasurer
(Approval not needed if purchase is sole source)