ASU’s policy, based on State law, is not to make advance payments or deposits unless such payments meet one of the following situations: standard industry practice, a requirement of the purchase due to the vendor being the sole source, or there are positive cost benefits to ASU. Approval for advance/deposit payments are subject to final review and approval by Financial Services.

Vendor___________________________________ Dollar amount of advance payment/deposit______________________________

A. If the advance/deposit payment meets either of the following situations, mark the applicable situation with an X.

☐ Standard industry practice; i.e., almost all vendors require such advance payments

☐ A requirement of the purchase due to the vendor being the sole source

If either box is marked, complete Section C and attach documentation to the payment.

If neither box is marked, complete Section B.

B. Cost-benefit analysis (if advance payment is due to cost savings)

Cost to ASU: Calculate lost interest income to ASU

<table>
<thead>
<tr>
<th>Advance payment/ deposit</th>
<th>Calculate lost interest income to ASU</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Monthly interest rate*</td>
<td>Number of months advance will be outstanding</td>
</tr>
</tbody>
</table>

Note: Contact Financial Services for the most recent quarterly interest rate. (If Financial Services is not contacted for the interest rate, a default rate of 10% annually must be used for initial calculation purposes.)

Benefit to ASU:

- Calculate the additional purchase discount to ASU from the advance payment:

- Calculate any additional cost savings (attach the calculation):

Total benefits:

For there to be a positive cost benefit to ASU, the benefits to ASU must clearly exceed the cost. Complete Section C and attach documentation to the payment.

C. This form was completed by:

Printed name: _____________________________________ Date: ____________________

Title: _____________________________________ Phone: ____________________

Department: __________________________ Mail Code: ________________

Signature: ____________________________________________________________