

ADVANCE PAYMENT REQUEST FORM

This is applicable to advance payments not covered by a PO, P-Card, or Imprest.

Requesting School/Office:

Name of School/Office: _____ Vendor Account: _____

Prepared by: _____
Name Title Phone Email

Advance Payment Payable to:

Vendor Name: _____ Vendor Account: _____

Vendor Address: _____
Street City Zip

Total Invoice Amount: _____ Advance Payment Amount: _____

Justification for Advance Payment: *(Please explain. A separate page may be attached if additional space is needed.)*

Supporting Documents: *(Attach all that are applicable)*

- Vendor invoice/statement requiring advancement payment/deposit from school/office.
- Travel documents (e.g. Travel approval by Administrator, Conference Attendance Form, copy of brochure, etc.)
- Other supporting documents justifying the need for advance payment.

Funding Line(s) to be Charged:

GL Account	Amount	Fund	Functional Area	Cost Center/IO/WBS

Required Authorization for Advance Payment

 Print Name of School/Office Administrator Requesting for Advance Payment Signature _____ Date _____

 Print Name of Division/Local District Administrator Signature _____ Date _____

(Check one)

- Central Office – Division Name: _____
- Local District *(check one)*:
 Northeast Northwest East West

 Central South

 Print Name of Controller/Deputy Controller Signature _____ Date _____

Accounts Payable Use Only

 Reviewer Name / Title Signature _____ Date _____