

Idaho State University Pre-Payment Authorization Form

Departments should recognize, it is not the normal business practice of the University to make pre- payments for goods or services. If you wish to be granted an exception, please complete the following form.

Department Name

Contact Person

Item/Service Description

E-mail of Contact

Total Cost of Pre-payment or Deposit

Explanation for Pre-payment

Anticipated Delivery Date

The department above assumes all risk of loss or non-performance by the supplier or contractor and will not hold Accounts Payable responsible for any loss or non-performance of the supplier or contractor.

Signature of Account Director

Date

Signature of UBO

Date

Index

Purchase order Number

Signature of Finance and Administration

Date

Once the item/service has been received, it is the responsibility of the department to notify Finance and Administration, by making sure a receiving report is completed on the purchase order. Please attach to this form an invoice from the vendor requesting the prepayment or deposit and fax to 282-4725 or email to acctspay@isu.edu.
(Revised 09/16)