## **Prepayment Authorization Form**

**PURPOSE:** This form is to be completed in the limited instances when payment is required prior to the delivery of the good or service as required in the purchase order contract per **UPPS No. 05.02.02** 

**INSTRUCTIONS:** Department shall provide supporting documentation with this request, including but not limited to purchase requisitions, quotes, proposals, or other supporting materials. The use of appropriated funds is not allowed when requesting prepayment. Please complete the required fields below and email the completed form to <a href="mailto:purchasing@txstate.edu">purchasing@txstate.edu</a>. Once signed by the Director of Procurement, it will be returned to your department. Prepayment forms for the purchase of goods/services must be attached to the requisition. Contract-related prepayment forms must be included in your contract request.

Department:  Contact Name:			Supplier SAP Vendor Number:			
			Supplier Name:			
NetID:		Contract Rel	Contract Related Payment:		N	
Payment Details:						
Description of						
goods/services:						
Justification for						
Prepayment:						
Total amount of proc	rement (not	to exceed):				
Prepayment Amount	OR					
Prepayment Schedule applicable:						
Signatures:						
Requestor Approval:						
Name:		Signature:		Dat	e:	

By signing this document, the Requestor, Account Manager, and Director acknowledge and accept the responsibility of risk that there will be no recourse for recovery of the funds should the supplier fail to fulfill the procurement and/or contract.

Date:

Date:

Signature:

Signature:

**Account Manager Approval:** 

**P&SS Director Approval:** 

Name: Dan Alden

Name: