



Request for Advance Payment and/or Deposit to a Vendor or Contractor

To: _____ **Date:** _____
Name of Fiscal Administrator

From: _____
Name of Principal Investigator

Contact Name: _____ **Phone No.:** _____

Advance Payment/Deposit is being requested for:

Vendor: _____

Total Amount of Contract or PO: _____ Amount of Advance Payment/Deposit: _____

Date Payment/Deposit Required: _____ Project Account Number: _____

Description of the goods/services to be purchased, including dates of services (if applicable).

Justification for the advance payment/deposit, including an explanation of whether attempts were made to negotiate other arrangements (as applicable), and impact on the program/project if request is denied. In order to ensure receipt of goods/services, was consideration given to provider's financial capability (such as review of audited financial statements, S&P/Moody's rating), customer references, purchase of a performance bond, Hawaii Compliance Express, complaints filed with Hawaii Office of Consumer Protection and Better Business Bureau, etc.

Certification:

Approved By: _____ Date: _____
Signature of Principal Investigator

Reviewed By: _____ Date: _____
Signature of Fiscal Administrator

On behalf of my respective UH school or department, I hereby agree to reimburse the RCUH for all advance/deposit amounts:

Date: _____
Dean/Director/Chancellor/ Vice President or Other Authorized Official