



Palomar Community College

Prepayment Authorization Request Form

Date: _____ Requestor Name: _____
Vendor Name: _____ Department: _____
PO #: _____ E-Mail: _____
Invoice #: _____ Prepay Amount: \$ _____

Reason for Prepayment Request:

(Explain why this must be paid in advance of the product or service being received)

By completing this form, I acknowledge that the prepayment to the vendor in the amount indicated above will not be reimbursed to the department if the company should go out of business or any other unforeseen problem should occur. **I also acknowledge that requesting a prepayment in advance of a product or service being received requires a justifiable reason to do so, and I understand that this method of prepayment must only be requested when there is no other vendor available that accepts POs in order to fulfil the product or service.**

Agreed to and signed by:

Requester

Date

Department Administrator
(Dean, Director, or Vice President)

Date

Ann Jensen, Director of Business Services

Date