

**Johns Hopkins  
Down Payment Request Form  
Advance Partial Payment of a Purchase Order**

**Vendor Name:** \_\_\_\_\_

**Vendor Number:** \_\_\_\_\_

**Vendor Remittance Address:** \_\_\_\_\_

\_\_\_\_\_

**Purchase Order Number:** \_\_\_\_\_  
(will print on payment advice)

**Amount:** \_\_\_\_\_

**Payment Date:** \_\_\_\_\_

**Text Field Message to show on check:** \_\_\_\_\_

\_\_\_\_\_

**Precede message with an “\*” and message will print on  
payment advice up to 34 characters.**

**e-mail as attachment to: [apssc@jhmi.edu](mailto:apssc@jhmi.edu)**