

Advance Payment Disbursement Form

A. Requestor Details

Name _____

Employee ID _____

Department _____

Date of Request ____ / ____ / ____

B. Advance Payment Details

Purpose of Advance _____

Amount Requested _____

Currency _____

Expected Settlement Date ____ / ____ / ____

C. Bank Details (for Transfer)

Bank Name _____

Account Number _____

Account Holder's Name _____

D. Approvals

Supervisor/Manager Name _____

Signature _____

Date ____ / ____ / ____

Prepared By

Date: ____ / ____ / ____
Checked By

Date: ____ / ____ / ____
Approved By

Date: ____ / ____ / ____

Important Notes:

- All advance payments must be settled and supported with receipts on or before the settlement date.
- Any unspent amount must be returned promptly to the finance department.

- This form requires approval from your Supervisor/Manager before disbursement.
- Misuse or unauthorized use of advance payments may be subject to disciplinary action.
- Please retain a copy of this document for your records.