

# 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.