

# Internal Project Advance Payment Approval Form

Project Name:

Project Code:

Department:

Requested By:

Date of Request:

Contact Email:

## Advance Payment Details

Purpose	Amount (USD)	Expected Settlement Date	Remarks

Total Advance Requested (USD):

## Approval

Requested By:

Name & Date

Department Head:

Name & Date

Finance Manager:

Name & Date

Project Director:

Name & Date

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**For Finance Use Only**

**Advance Payment Number:**

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**Date Processed:**

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**Processed By:**

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**Important Notes:**

- All information must be completed and accurate before approval.
- Advance payment is to be used strictly for stated project purposes only.
- Settlement of advance must be completed by the expected date with all supporting documents attached.
- Non-compliance may result in disciplinary action or withholding of further advances.
- Attach all necessary supporting documents with this form upon submission.