

Standard Project Advance Payment Authorization

Project Title	_____
Project Code/Reference	_____
Request Date	____/____/____
Requested By	_____
Department/Unit	_____

Advance Payment Details

Purpose of Advance	_____
Advance Amount	_____ (In Words) _____
Expected Settlement Date	____/____/____

Approvals

Approver Name	_____
Designation	_____
Signature	_____
Date	____/____/____

Requested By _____

Reviewed By _____

Authorized By _____

Important Notes:

- Advance payment must be settled within the stipulated timeframe with proper supporting documents.
- This document requires signatures from all designated authorities before release of funds.
- Incomplete forms or missing information may cause delays in processing.
- Misuse of advance funds is subject to disciplinary action and recovery as per organizational policies.