

# Simplified Advance Clearance Request Form

Name of Requestor

Department/Unit

Date of Request

Advance Amount Requested

Purpose of Advance

Project/Activity (if applicable)

Period From

Period To

Details/Breakdown of Expenses (if any)

Requestor's Signature

Date Signed

Approved By

Date Approved

## Important Notes

- This form must be completed and approved before incurring any expenses.
- Attach supporting documents as necessary (e.g., activity proposal, budget estimate).
- Unused advance must be liquidated and returned as per company policy.
- Incomplete forms may cause processing delays.
- Keep a copy of this form for your records.