

Standard Payment Request for Advance Clearance

Request No.: _____

Date: _____

Requestor Name: _____

Department: _____

Purpose of Advance: _____

Advance Amount Requested: _____

A. Expense Details (to be advanced)

Description	Estimated Amount	Remarks
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total	_____	_____

B. Supporting Documents Attached

Quotation/Proforma Invoice Approval Memos/Notes

Others: _____

Requested by:

Name & Signature

Date: _____

Reviewed by:

Name & Signature

Date: _____

Approved by:

Name & Signature

Date: _____

Important Notes

- This form must be completed and approved before advance funds are released.
- All expense estimates should be as accurate as possible and supported by relevant documents.
- Proof of actual expenses and a settlement report are required after fund usage.
- Unutilized advance amounts must be returned immediately after the event or activity.
- Misuse or misrepresentation may lead to disciplinary actions.