

# Vendor Advance Clearance Payment Format

Clearance No.: \_\_\_\_\_  
Date: \_\_\_\_\_  
Vendor Name: \_\_\_\_\_  
Vendor Code: \_\_\_\_\_  
Project/Department: \_\_\_\_\_

## Advance Details

Advance Ref. No.	Date of Advance	Advance Amount	Purpose
_____	_____	_____	_____

## Settlement / Payment Details

Invoice/Receipt No.	Date	Amount Utilized	Remarks
_____	_____	_____	_____
_____	_____	_____	_____

Total Advance Amount: \_\_\_\_\_  
Total Amount Utilized: \_\_\_\_\_  
Balance (Refund/Due): \_\_\_\_\_

## Verification & Authorization

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_  
Verified by: \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

## Important Notes:

- All supporting invoices/receipts must be attached with this form.
- Any unutilized advance amount should be refunded to the company account immediately.
- Ensure all fields are accurately filled and validated before submitting.
- Unauthorized or incomplete documents will not be processed.
- Keep a copy of this form and supporting documents for your records.