

Advance Payment Request Form

Request No.: _____

Date: _____

____ / ____ / ____

Department: _____

Requested By: _____

Employee ID: _____

Advance Payment Details

Description / Purpose	Amount Requested
_____	_____
_____	_____
Total Amount	_____

Expected Date of Settlement:

____ / ____ / ____

Mode of Payment:

☐ Cash ☐ Cheque ☐ Bank Transfer

Authorization

Requested By
Signature: _____
Date: ____ / ____ / ____
Approved By
Signature: _____
Date: ____ / ____ / ____
Finance Dept.
Signature: _____
Date: ____ / ____ / ____

Important Notes

- All advance payment requests must be accompanied by a clear description of purpose and supporting documentation.
- The advance must be settled by submitting original receipts and expense details by the expected settlement date.
- Unsettled advances may be deducted from salary or future payments.
- Advance requests are subject to approval by authorized personnel and finance department.
- This form should be filled in completely and accurately to avoid delays in processing.

