

Advance Payment Order

APO No.	_____	Date	____/____/____
Department	_____	Requested By	_____
Payee Name	_____	Payee Bank Details	_____
Purpose of Advance	_____		
Amount (in figures)	_____	Amount (in words)	_____

Details of Advance

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

Authorization

Prepared By	_____	Date	____/____/____
Checked By	_____	Date	____/____/____
Approved By	_____	Date	____/____/____

Received By (Payee)

Accounts Department

Important Notes:

- This document should be duly filled, signed, and approved before advance payment is processed.
- All supporting documents and estimates must be attached with this order.
- Advances must be settled within the prescribed period and unutilized amounts should be refunded promptly.
- Non-compliance may lead to disciplinary action as per company policy.