

# Standard Payment Advance Application

Applicant Name: Enter full name

Employee/ID Number: Enter ID

Department: Department name

Date of Application: \_\_\_\_\_

Advance Amount Requested: Amount in figures

Reason for Advance: E.g., business trip, purcha

Expected Settlement Date: \_\_\_\_\_

## Declaration

I hereby declare that the above information is true and accurate, and the advance will be utilized for the specified purpose. I undertake to settle the advance by the stated date and understand that failure to do so may result in deduction from my salary or other disciplinary action.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Approval

Approved Amount: To be filled by approver

Approver Name & Signature: Name

Date: \_\_\_\_\_

## Important Notes

- All information must be accurate and complete to avoid processing delays.
- The advance is provided strictly for official purposes as stated in the application.
- Settlement of the advance by the indicated date is mandatory.
- Non-settlement may result in salary deduction or other disciplinary action.
- Retain a copy of this document for your records after submission.