

Advance Payment Disbursement Request Form

Request Details

Request Date: _____

Department/Unit: _____

Requested By: _____

Employee ID: _____

Contact No.: _____

Advance Payment Details

Purpose of Advance: _____

Project / Activity Name: _____

Period of Expenditure: From _____ To _____

Amount Requested: _____ (in words): _____

Mode of Payment: ☐ Cash ☐ Bank Transfer ☐ Cheque

Settlement of Previous Advance (if any)

Outstanding Amount: _____

Explanation/Status: _____

Approvals

Immediate Supervisor: _____ Date: _____

Finance Department: _____ Date: _____

Requested by:

Name: _____

Signature: _____

Date: _____

Approved by:

Name: _____

Signature: _____

Date: _____

Important Notes:

- This form must be completed and approved prior to disbursement of any advance payments.
- All supporting documents should be attached with the request.

- Settlement of previous advances is required before new advances are approved.
- Misuse of advance payments may result in disciplinary actions.
- The form is subject to the company's advance payment policy and procedures.