

Itemized Advance Expense Request

Request Date: _____

Request No.: _____

Employee Name: _____

Employee ID: _____

Department: _____

Purpose / Reason: _____

Project / Client (if applicable): _____

Advance Expense Details

Item Description	Category	Estimated Date	Amount	Notes
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total Requested Advance:			_____	

Approval Workflow

Requested By
Date: _____

Department Head
Date: _____

Finance Approval
Date: _____

Important Notes

- All items must be clearly detailed and justified for advance requests.
- Original receipts must be provided for all actual expenses after usage.
- Unused advance balances must be returned within the stipulated period.
- Advance requests are subject to approval as per company policy.
- False claims may result in disciplinary action.