

# Standard Advance Request Form for Expense

Date

YYYY-MM-DD

Request No.

e.g., ADV-2024-0012

Department

Enter department name

Requested By

Employee Name

Position

Job Title

## Advance Expense Details

Description	Purpose / Remarks	Estimated Amount	Date Required
Item / Service	Purpose	Amount	YYYY-MM-DD
Item / Service	Purpose	Amount	YYYY-MM-DD
Total Amount			

Justification / Additional Notes

Provide justification for the advance request...

Requested By

Date:

Approved By

Date:

Finance Review

Date:

## **Important Notes**

- This form must be completed and approved prior to incurring any expenses.
- All advances must be settled with supporting receipts and documentation as per company policy.
- Unutilized balances must be returned promptly after completion of the activity or event.
- Incomplete forms may result in delays or rejection of the advance request.
- Ensure accurate and truthful information is provided in all fields.