

Advance Settlement Approval Document

Requestor Details

Name	_____
Department / Division	_____
Employee ID	_____
Date of Request	____ / ____ / ____

Advance Details

Purpose of Advance	_____
Date(s) of Use	____ / ____ / ____ to ____ / ____ / ____
Amount Requested	Rp _____
Description / Remarks	_____

Settlement Details

Actual Expenditure	Rp _____
Supporting Documents Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Settlement Date	____ / ____ / ____
Excess / Shortfall	Rp _____

Requested By

(Signature & Name)

Date: ____ / ____ / ____

Verified By

(Signature & Name)

Date: ____ / ____ / ____

Approved By

(Signature & Name)

Date: ____ / ____ / ____

Important Notes

- All advance settlement requests must be supported by valid receipts and related documents.
- Any unspent advance must be returned immediately after completion of the activity.
- Shortfall in expenditure must be reimbursed according to company policy.
- Submission of false or incomplete information may lead to disciplinary action.
- Ensure all required fields are filled before submitting this document.