

SUNDRY ADVANCE REQUEST FORM

*(This form must be submitted to the Finance Department at least two working days in advance of the request date
duly authorized for payment)*

Date:

Location:

W.O.N:

Name of the Employee: **Employee Code:**

Designation: **Advance required (in figures):**

Advance required (in words):

Purpose:

I have cleared all my previous advances with the company other than those indicated below. I undertake to clear the above advances immediately on completion of the above transaction.

Pending Advances (if any):

Date availed	Location	Amount
TOTAL		

Any advances remaining unsettled may be recovered from my salary.

Validated by:

Signature of the Claimant

Admin. Head/ Registrar

Checked & Verified for Payment

Authorized Signatory as per M.A.C

Payment Received

Date of Receipt: