

TRAVEL 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. No: _____

Advance required (in Figures) Rs.

Rupees (in words): _____ on date _____

Purpose of Travel: _____

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 Claimant)

Admin. Head/Registrar

(Checked & Verified for payment)

(Received payment)

Authorized Signatory as per M.A.C.

(Date of Receipt)