
Employee Advance Request Form PDF

Employee Identification

Full Name: _____

ID Number: _____

Department: _____

Job Title: _____

Advance Request

Requested Advance Amount: \$ _____

Detailed Reason for Advance (attach additional sheets if necessary):

Repayment Terms: _____

Consent & Approvals

Employee Consent to Deduct from Salary:

Yes

No

Manager's Signature: _____

Date: _____

Accounting Approval: _____

Date: _____

Employee Signature

Signature: _____ **Date:** _____

Administration Section

Comments: _____
