
Employee Pay Advance Form

Employee Information:

- Full Name: _____
- Employee ID: _____
- Department: _____
- Position: _____
- Contact Number: _____
- Email Address: _____

Advance Details:

- Amount Requested: _____
- Purpose of Advance: _____
- Date Requested: _____
- Repayment Schedule:
 - Repayment Start Date: _____
 - Number of Installments: _____

Authorization:

- Employee Signature: _____
- Date: _____

For Office Use Only:

- Request Received By (Name & Position):

- Date Received: _____
- Approved/Denied By (Name & Position):

-
- Approval Date: _____
 - Amount Approved: _____
 - Repayment Terms: _____

Notes/Comments:

Manager/Supervisor Approval:

- Name: _____
- Signature: _____
- Date: _____

Finance Department Approval:

- Name: _____
- Signature: _____
- Date: _____