Salary Advance Form

**Employee Information:**

* Full Name: John Doe
* Employee ID: 123456
* Department: Marketing
* Position: Senior Marketing Manager
* Contact Number: (555) 123-4567
* Email Address: john.doe@example.com

**Advance Details:**

* Amount Requested: $1,500
* Purpose of Advance: Medical Expenses
* Date Requested: July 1, 2024
* Repayment Schedule:
	+ Repayment Start Date: August 1, 2024
	+ Number of Installments: 3

**Authorization:**

* Employee Signature: John Doe
* Date: July 1, 2024

**For Office Use Only:**

* Request Received By (Name & Position): Jane Smith, HR Assistant
* Date Received: July 1, 2024
* Approved/Denied By (Name & Position): Robert Brown, Finance Manager
* Approval Date: July 2, 2024
* Amount Approved: $1,500
* Repayment Terms: 3 installments of $500 each starting August 1, 2024

**Notes/Comments:**

Approved as per company policy on salary advances.

**Manager/Supervisor Approval:**

* Name: Sarah Lee
* Signature: Sarah Lee
* Date: July 1, 2024

**Finance Department Approval:**

* Name: Robert Brown
* Signature: Robert Brown
* Date: July 2, 2024