

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