

Advance Payment Receipt

ID Number: _____

Payment Provider: _____

Payment Recipient: _____

Authorized by: _____

Conditions for Advance: _____

Amount: _____ Quarter/Period: _____

I hereby swear and attest that the recipient has received the above amount as advancement on his/her proceeding paycheck and that he/she meets all of the conditions outlined above.

Authorized Signature: _____

Date: _____

Recipient Signature: _____

Date: _____

Witness Signature: _____

Date: _____

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