SALARY ADVANCE REQUEST FORM

Name: …….. Position: ……..

Department/Unit: ……

Advance amount needed (Nu.)…….....on (Date)……

Reason for advance:

……

……

…….. ……

Dated Employee's signature: ……..

REPAYMENT SCHEDULE: All advances must be paid before one month or else it will be deducted from the coming month salary.

Recommended by:……Date…….

AFO/Accountant (Head, Finance Section)

Approved by:……Date……

President (Head of the College)