**Temporary Advance Request**

*To be submitted to Office of Accounts at least 3 working days before the requirement of Advance*

|  |  |  |
| --- | --- | --- |
|  | Name of the Applicant |  |
|  | Designation |  |
|  | Personal File Number |  |
|  | Purpose of the Advance |  |
|  | Advance Required from | 1. Grant in Aid General  2. Grant in Aid Capital  3. Other (Please Specify) |
|  | Head of Expenditure | 1. Contingency  2. Consumable  3. Non Consumable  4. Other |
|  | Amount of Advance |  |
|  | Financial Sanction No.(For Projects) |  |
|  | Budget Available |  |
|  | Bank details for Fund Transfer | |
| 1. Name of Account Holder |  |
| 2. Account No. |  |
| 3. Bank Name and Branch |  |
| 4. IFSC Code |  |
|  | Declaration  1. The Advance is required to facilitate an activity or event in which various petty expenditures are involved and they are required to be paid in cash.  2. I declare that the amount of advance will be used for Organization work only.  3. I will settle the Advance within 15 Days. | |
| Date : Signature of Employee/Project Investigator | | |

**For use of Office of Accounts only**

|  |  |  |
| --- | --- | --- |
| 1. | Any previous Advance pending (Tick one) | Yes No |
| 2. | Amount Advanced |  |
| Manager Finance | | Accounts Officer |

|  |
| --- |
| Approved/Not Approved  Signature of Director/CEO |

**Details of Temporary Advance**

(Please print it in the back side of the form)

|  |  |  |  |
| --- | --- | --- | --- |
| *S. No.* | *Content* | *Details* | |
|  | Name of the Applicant |  | |
|  | Amount of Advance |  | |
|  | Details | | Amount (Rs.) |
| Total: | |  |
|  |
| Date : Signature of Employee/Project Investigator | | | |