

NOTE FOR SANCTION OF EXPENDITURE

1. Name of Activity:
2. Budget line:
3. Amount: (bill amount)
4. Purpose:
5. Type of payment: Adjustment/payment

Submitted by:

Name:

Designation:

Division:

Signature:

Sanctioning Authority

Name:

Designation:

Signature:

SALARY ADVANCE FORM

Particulars	Details
Employee Name:	
Employee ID No.	
CID. No	
TPN	
Bank Account No.	
Grade/position level	
Designation	
Department/ Division	
Net Pay	
Amount Requested	
Purpose	

I.....(applicant) hereby confirm that particulars mentioned above are all correct. If the said amount is sanctioned, I authorize the concerned office to recover the amount from my salary within the next months in the same financial year. In the event of default on my part, or leaving my present service or in any other exigencies, if the salary advance is not liquidated, I give my consent to the concerned office to recover the outstanding amount from my post-retirement benefits payable to me.

Signature of applicant
Date.....
Date.....

Approving Authority
Signature.....

*Note: As per FMM 2016, A personal advance of any kind shall not be sanctioned or paid in case a pervious personal advance remains unsettled. (FAM 8.1.6(a).

PUBLIC WORK ADVANCE FORM

1. Employee Name:
2. Employee ID No:
3. Bank Account No:
4. Department/ Division:
5. Name of Activity:
6. Budget line:
7. Estimated Amount:
8. Advance Amount Requested:
9. Purpose:

Submitted by:

Signature:

Date:

Sanctioning Authority
Head of Department

*Note: As per FMM 2016, the TAH has to refund the advance immediately if the specific purpose no longer needs to be fulfilled and if it transpires that the advance shall not be used during a period of fifteen days from the date of release of the advance (FAM 5.4.2(c)).

Check list for Bill Payment		
Sl. No	Particulars	Remarks
1	Note for Sanction	
2	Bills	
3	Supply order	
4	Requisition form	
5	Goods received and issued note	