



Department of Financial Accounting

ADVANCE FORM

This form is to be used when requesting an advance before travel, for a function or activity
PLEASE COMPLETE ALL PARTICULARS OF THE FORM

| | |
|------------|--|
| Name | |
| Department | |
| College | |

| | |
|-----------------|--|
| Employee Number | |
| Contact Number | |
| Campus | |

Purpose of Advance: _____

Amount Requested: \$ _____

Bank Name:

| | | | | | | | |
|--------------------------|-----|--------------------------|---------|--------------------------|-----|--------------------------|----------------|
| <input type="checkbox"/> | BSP | <input type="checkbox"/> | WESTPAC | <input type="checkbox"/> | ANZ | <input type="checkbox"/> | Bank of Baroda |
|--------------------------|-----|--------------------------|---------|--------------------------|-----|--------------------------|----------------|

tick one box)

Bank Account Number: _____

Claimant's Certificate: I give authority for the advance to be deducted from any amounts owed to me by the The Fiji National University including any salary payments, if it is not properly acquitted and submitted to Accounts payable Section within 7 days of return or from the date of the function/activity for which the advance was granted.

Date

CLAIMANT'S SIGNATURE

Dean/HOD Certificate: I hereby approve the amount of \$ _____ to be issued to the Claimant for travel expenses /function /activity in accordance with the request.

Date

DEAN / HOD SIGNATURE