



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: _____

Event Dates

FUND	ORG	ACCOUNT	PROG	AMOUNT	DESCRIPTION
TOTAL (\$)					

If more space is required please continue overleaf

Bank Name: (tick one box) ANZ BSP Westpac Bred HFC Bank of Baroda

Bank Account Number: _____

Claimant's Certificate: I give authority for the advance to be deducted from any amounts owed to me by 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

