



University of Eastern Africa, Baraton Advance Request Form

EMPLOYEE NAME	
PAYROLL NO:	
PHONE NO. WITH M-PESA	
DESIGNATION	
DEPARTMENT	
ADVANCE: Personal <input type="checkbox"/> Official <input type="checkbox"/>	Ksh...../ in words...
PURPOSE	

Dr. Cr. A/c Bal.....

N/B. Official Advance should be reported within a month from the date given.

Employee Signature..... Date.....

Official Use

Prepared by..... Date

Checked by..... Date.....

Authorized by Date.....

Received By
National ID:
.....
Sign
.....

Signatory Approval

First Signatory.....Date.....

Second SignatoryDate.....

Approved

Not Approved

Reason if Not Approved.....