Employee Advance Requisition

Date of Request   :_____

Date Advance, needed by: _____

Requested Amount   :$ _____

Employee Name   :_____

Department   :_____

Payroll File Number :_____(as applicable)

Advance Purpose   :_____

Comments   :_____

                    :_____

                    :_____

ACH Bank RT Number :_____

Account Number   :_____

Bank Name   :_____

Check Payable To   :_____

Check Mailing Address:_____

                    _____

City,State,Zip   :_____

I, _____, hereby certify that I am solely responsible for repayment of the above requested advance amount, to System Soft Technologies,as per agreed terms & conditions or on-demand.

Employee Signature   :_____

For Accounts Department Use

Request Received On :_____

Advance Approved for : $ _____

Approver Comments   :_____

Approver Signature   :_____Date   : _____

Prepared & Accounted by: _____Paid Date: _____