SYSTEM SOFT
TECHNOLOGIES

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: _____