

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: BSP WESTPAC ANZ 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



ACCOUNTABLE ADVANCE FOR RESEARCHERS

PLEASE FILL ALL REQUIRED INFORMATION: _____

RESEARCHER NAME: _____

ACTIVITY CODE: _____

FNPF NUMBER: _____

EMAIL APART FROM FNU: _____ MOBILE PH: _____

HOW MANY PHASES OF PROJECT: _____

DATE ON WHICH EACH PHASE OF RESEARCH BE COMPLETED: _____

Date	Phase No	Date of Completion

FINAL DATE OF RESEARCH COMPLETION: _____