



དཔལ་ལྷན་འབྲུག་གཞུང་ཁྱེད་ཚོ་གས་སྒྲིང་སྒོམ་སྡེ།
ROYAL GOVERNMENT OF BHUTAN
PHUENTSHOLING THROMDE

POST CODE 21101, POST BOX NO. 02, PELKHIL LAM



PW ADVANCE FORM

1. Personal Information

Name: _____ TPN No: _____ Account No: _____

Designation/Position Level: _____ Division/Section: _____

2. Advance Details

Activity: _____

Budget line: _____

Amount Requested: _____ (Provide estimation of amount required)

The adjustment of outstanding will be processed within the time frame as per the financial rules and I shall be liable for penalty imposed in event of default or non-adjustment.

Signature of Applicant: _____

Date: _____

3. Recommendation by Head of Division

I do hereby recommend for the release of advance and undertake to adjust the outstanding in the event of non-adjustment within the time frame.

Signature: _____

Name of Head of Section/Division: _____

4. Verification by Finance Division

Attested by: _____

Cross Checked by: _____

Signature (Dealing Accountant) _____

Signature (Head of Finance) _____

5. Approval

Signature of Approving Authority: _____

Date: _____

