



དཔལ་ལྷན་འབྲུག་གཞུང་ཕུན་ཚོགས་སྒྲིང་ཁྲོམ་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:

