

REQUEST FOR ADVANCE

Employee Code	Name	Designation	Department/Project	eTicket Number
ADVANCE REQUIRED	PURPOSE			

I hereby certify that no advance is outstanding in my name as on date.

Signature of Requester

Recommendation:

Date: _____

SIGNATURE
(Head, Department/School/Centre/Unit/Project)

Note/Checklist:

1. Please attach the copy of Travel authorization or copy of purchase indent for request for advance.
2. A scan copy of the original documents (*converted to a single pdf after verification by the head*) will be submitted to THAPAR ONLINE SUPPORT SYSTEM at <https://eticket.thapar.edu>.
3. After Creating the Online request (*eTicket*), send all the original bills/documents to the Finance Section through your Department/School/Centre/Section/Unit. No Xerox copy will be accepted. eTicket number should be mentioned on the **ADVANCE FORM**.

Signature of Requester

FOR USE IN ACCOUNTS SECTION

Verified that no advance in outstanding/Advance of Rs. _____ outstanding in his/her name.

Checked by

A R (F&A)

D R (F&A)

SANCTIONING AUTHORITY

Advanced amount **less than Rs. 15,000/-**
(For purchase, travel & Institute Expenses)

Date : _____

(Sanctioning Authority)
Dean/Deputy Director

Advanced amount **more than Rs. 15,000/-**
(For purchase, travel, Institute Expenses & for all amount for any other special advance)

Date : _____

(Sanctioning Authority)
D I R E C T O R

NOTE

- a) Shall be paid in cash if advance is less than or equal to Rs. 3,000/-.
- b) Shall be paid through cheque if advance amount is more than Rs. 3,000/

Received Cash / Cheque No. Dated

amounting to Rs. (Rupees in Words)

Signature of Requester