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ରାଜ୍ୟ ପରିଷଦ ପରିଷଦ ପରିଷଦ ପରିଷଦ
ROYAL GOVERNMENT OF BHUTAN,
DZONGKHAG ADMINISTRATION, WANGDUEPHODRANG
CLUSTER FINANCE SERVICES



Salary Advance Form

Date: _____

Section 1: Employee Details

Name:	Designation:
Employee ID:	Name of Agency/Sector:
Contact No.:	Current Monthly Gross Salary:

Section 2: Salary Advance Request

i. Amount Requested (Max. 1 month's gross salary): Nu. _____
ii. Reason for Advance (Specify emergency/valid reason) along with Documentation:

Section 3: Employee Undertaking

I, hereby declare that:

- I have not availed any salary advance in the current financial year.
- I understand that this advance is not an entitlement and is subject to approval.
- I confirm that repayment of this advance will not affect my ability to meet other financial obligations (e.g., loan repayments to Financial Institutions).
- I authorize the deduction of the advanced amount from my next salary/monthly salaries until fully recovered.

Signature: _____.

Section 4: Verified by:

- Cluster Finance Head. Approved (Amount: Nu. _____/-)
- Rejected (Reason: _____)

Section 5: Approved by :

Head of AFD/Agency

Note:

Head of Agency

Dzongkhag:Dzongrab	Gewog:Gup	Regional: Heads of different LC
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