



དཔལ་ལྷན་འབྲུག་གཞུང་འདུས་པོ་བླང་ཆེན་ཁག་བདག་སྐྱོང་།

WANGDUEPHODRANG DZONGKHAG

ROYAL GOVERNMENT OF BHUTAN, DZONGKHAG
ADMINISTRATION



SALARY ADVANCE FORM (to be filled by employee)

Name of Employee			
Designation		EID/CID	
Sector/Agency		Advance Amount (Proposed)	
Purpose			

Dated Signature of Employee

** It may be noted that an employee is not eligible for new salary advance if there exists any outstanding personal advance.

Head of Finance Section (to be filled by Finance Officer)

Name of Accountant: Mr./Mrs./Ms _____

Admissible amount (as per FRR/available net pay/purpose):

Monthly Deduction:

From:

To:

Dated Signature of Finance Officer

Head of Agency/Head of AFD

Approved ☐

Not Approved ☐

Dated Signature of
(remarks if any)