



AMDA-Nepal

Advance Settlement Request

Ref.:

To,
The
.....Hospital/Project
.....

Dear Sir/ Madam,

Please find supporting documents attached herewith at cited below and be requested to settle the cash advance taken by me as per AMDA Nepal's financial regulation.

Purpose of advance taken:	Program/Activity completion Date:
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Sn	Invoice Date	Details	Expense Amount	Remarks
		Total:		
		Less: Advance Taken		
		Net Due to/(From)		

Invoices, approved documents and bank deposit slip (*only if there is unspent advance balance*) are enclosed with this letter against all the expenses mentioned above.

Employee Name	Signature	Date
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Recommended by (Line Supervisor)	Compliance Checked by (Finance Head)	Approved by (OIC)
(Sign, Name, Date)	(Sign, Name, Date)	(Sign, Name, Date)

(This request will be registered only after the compliance confirmation of finance unit)