

Unit:

## **ADVANCE PAYMENT REQUISITION**

Payee*:  *the name of the payee must be the function's organizer				
Account Name	Account Code	Invoice No. / Analysis Code	Descriptions	Amount (HK\$)
			Tot	al:
Reason for Advance	e Payment:			
Cheque Collection I	 Date:			
Completion Date of	Activity:			
Prepared by:			Date:	
Endorsed by:			Date:	
Approved by:			Date:	

## Notes:

- 1. This form must be submitted to Finance Office at least ONE week before the expected payment date.
- 2. Advance Payment Clearance (FO-009) must be submitted <u>within TWO weeks after completion of the project or activity</u>.
- 3. Unused cash advance balance must be deposited into the College bank account (**HSBC A/C #848-037594-001**) within ONE week after event completion date. Please send the bank deposit slip to the Finance Office together with the Advance Payment Clearance (FO-009).
- 4. Advance payment in cash must seek prior approval from the Director of Finance under special circumstances and its ceiling is \$10,000 per function.