

## **ADVANCE PAYMENT CLEARANCE**

To :	inance Office (FO) PV No. :					
From (Unit):	(To be completed by Finance Office)					
		Details Stated on			Revised Details (If different	
		Advance Payment Requisition			from Advance Payment Requisition)	
Particu	ılars				Actual	
, articularis		Account Code &	Amount Advanced		Account Code & Account Name	Amount
		Account Name				Incurred
			HK\$			HK\$
			(b)			(a)
Total :		I				
Actual Amount Incurre			(;	(a)		
Amount Advanced	(		b)			
Refundable Amount <sup>(No</sup>	(b)		– (a)			
Reimbursable Amount :		(a)		– (b)		
(Payee :			)			
Prepared by :		Approved by :(Head/VP/President)				
	<del></del>					
Date :	Date			:		
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## Notes:

- 1. This form must be sent to the Finance Office with supporting original debit notes, invoices and receipts within TWO weeks after completion of the project or activity.
- 2. Please deposit any balance of advance payment <u>within TWO weeks after the event date</u> to **HSBC A/C**#848-037594-001 and return the bank deposit slip together to Finance Office.

Form No.: FO-009 (Dec 2021)