

Urgent Cash Advance Request Form

For Employees Requiring Immediate Financial Assistance

Employee Details

Employee Name

Employee ID

Department

Position/Title

Advance Request Details

Amount Requested (USD)

Date Needed

Reason for Advance

Repayment Details

Repayment Method

Proposed Repayment Period



I hereby declare that the information provided above is true and accurate. I agree to the repayment terms outlined above and authorize the company to deduct the advance as per policy.

Submit Request

For HR/Finance Department Use Only

Approval Status:

Comments/Signature: