

# 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

 Select 

Proposed Repayment Period

 e.g., 2 months

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.

For HR/Finance Department Use Only

Approval Status:

 Select 

Comments/Signature: