



དཔལ་ལྷན་འབྲུག་གཞུང་།
དགའ་ས་རྫོང་ཁག།
Royal Government of Bhutan
Gasa Dzongkhag Administration



SALARY ADVANCE FORM (to be filled by employee)			
Name of Employee			
Designation		ECD/CID	
Sector/Agency		Advance Amount (Proposed)	
Purpose			
Dated Signature of Employee			

**It may be noted that an employee is not eligible for new salary advance if there exists any outstanding personal advance.

Head of Finance Section (to be filled by Finance Officer)
Name of Accountant: Mr./Mrs./Ms. _____
Admissible amount (as per FRR/available net pay/purpose): Monthly Deduction: From: To:
Dated Signature of Finance Officer

Head of Agency/Head of AFD
Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>
Dated Signature of (remarks if any)