## REQUEST FOR PAYMENT ADVANCE

NAME:		EMPLOYEE ID #:
DEPARTMENT:		
AMOUNT REQUESTED:	<u> </u>	
EXPLANATION:		
EMPLOYEE SIGNATURE	DATE	DATE ADVANCE NEEDED
		<u>-</u> :
SUPERVISORS SIGNATURE	DATE	
APPROVED BY:		
TRIBAL CHAIRMAN	DATE	-
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PAYROLL DEPARTMENT USE ONLY		ADVANCE NO.:
AMOUNT:		CHECK NO.:
DATE:		DEPT CHARGED: