BABCOCK UNIVERSITY

PURCHASE/CASH ADVANCE REQUEST FORM

NAME OF EMPLOYEE: DEPT/UNIT:

PAYMENT TO BE ISSUED IN WHOSE NAME? DATE:

PURPOSE OF REQUISITION:

ADCOM APPROVAL REFERENCE (if any) ACTION NO. ACTION DATE:

S/N	ITEM OR REQUISITION	NO OF UNITS	UNIT COST	TOTAL COST	BUDGET PROVISION	BUDGET ALANCE TO DATE	APPROVAL BUDGET OFFICER
1.							
2.							
3.							
4.							
5.							
6.							
Total Amount							

REQUESTING OFFICER: Signature…… Date: ……

A/C BAL. CONFIRMATION:₦…… BAL CONFIRMED BY…….

ACCOUNT TO BE DEBITED…… SIGNATURE/DATE…….

APPROVALS	NAME/SIGNATURE & DATE	AMOUNT APPROVED (₦)
H.O.D. /DEAN		
DEAN (Academic Units) (Sums above ₦10,000)		
UNIVERSITY OFFICER (Sums above ₦20,000)		
PRESIDENT (Sums above ₦50,000)		
BUDGET OFFICER		
BURSAR		
INTERNAL AUDIT		

Note: Kindly attach a photocopy of this cash advance form to your settlement form otherwise your retirement will not be processed. Thank you.