

**AKENTEN APPIAH-MENKA
UNIVERSITY OF SKILLS TRAINING & ENTREPRENEURIAL DEVELOPMENT**

M05 - SPECIAL ADVANCE REQUEST FORM

(To be completed by Heads of Faculty/Department/Division/Section in requesting for special advance in accordance with Section 9.2 of the University's Financial and Stores Regulations)

Part A - Details of Applicant

Name: _____ Telephone Number: _____

Faculty/Department/Division/Section: _____

Part B - Details of Special Advance

Please state the amount of special advance applied for: GH¢ _____

Justification for Special Advance (Please state the reason(s) for the special advance being requested.)

Please provide details of the expenditure to be paid with the special advance.

SN	Item	Quantity	Unit Price (GH¢)	Amount (GH¢)
Total				

Applicant's Declaration (Please read carefully before signing)

1. I understand that this application shall be assessed in accordance with Section 9.1.2 of the University's Financial and Stores Regulations.
2. If this application is granted, I undertake to retire the special advance in full within one month or by the last day of the University's financial year, whichever is sooner, or otherwise make myself liable in accordance with Section 9.6 of the University's Financial and Stores Regulations.
3. I have attached the relevant pro-forma invoices(s) in support of my application.
4. I understand that no excess expenditure shall be made without the approval of the Finance Officer.
5. I understand that any asset(s) acquired with this special advance shall be received into Stores and labelled before issued to me, and shall be duly entered into my Departmental Asset Register.

Signature of Applicant

Date(DD/MM/YYYY)

Part C - Certification by Head/Dean

Head/Dean

Signature

Date(DD/MM/YYYY)

This Form has been designed in accordance with Section 15.2.1 of the University's Financial and Stores Regulations. It is to be used only for the claim for which it is meant.

Part D - Certification by the Internal Auditor

This is to certify that we have checked this application for special advance. We can confirm that the rates quoted are fair/not fair and reasonable/not reasonable compared with local rates. In our opinion, the request is/is not in order.

Signature of Internal Auditor

Date (DD/MM/YYYY)

Part E - Confirmation of Outstanding Special Advance(s) by Financial Reporting and Assurance Unit

List of special advances(s) not yet retired by Applicant		
Date	Amount (GH¢)	Purpose

Confirmed by

Signature

Date (DD/MM/YYYY)

Part F - Approval by the Finance Officer

Funds **ARE/ARE NOT** available (Delete as appropriate)

Special Advance Amount **GRANTED/NOT GRANTED** (Delete as appropriate): _____

_____ GH¢ _____

Signature of Finance Officer

Date (DD/MM/YYYY)

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