|  |  |  |  |
| --- | --- | --- | --- |
| To: | Dr. Joan Clos  Executive Director | Reference: | FIN/ADV/150427 |
| Through: |  |  |  |
| From: |  | Date: | Dd MMM 2015 |
|  |  | | |
| Subject: | **Request for advance of US$xxx to pre-finance project XXX in <Office Name>** | | |

Please find the following request for an advance to pre-finance activities for the project below for your approval.

|  |  |  |
| --- | --- | --- |
| 1 | Project Title |  |
| 2 | Project Name |  |
| 3 | Project Value |  |
| 4 | Project allotment for 2015 |  |
| 5 | Amount of advance required |  |
| 6 | Purpose of advance e.g. salaries, travel, consultancies, etc. | *Specify amount for each expenditure category* |
| 7 | Previous advances on project | *Specify any advances that have been taken on this project* |
| 8 | Contribution Agreement | *Name / code of signed agreement; If no signed agreement, written evidence that funds will be repaid* |
| 9 | Value of contribution agreement |  |
| 10 | Dates of contribution agreement | Start date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  dd/mm/yyyy dd/mm/yyyy |
| 11 | Status of contribution agreement | |  |  | | --- | --- | | Contribution received to date in USD |  | | Amount pending later than income schedule in USD |  | |
| 12 | Repayment schedule (not to exceed 3 months) | |  |  |  |  | | --- | --- | --- | --- | | Amount1 to be paid |  | Date to be refunded |  | | Amount2 to be paid |  | Date to be refunded |  | | Amount 3 to be paid |  | Date to be refunded |  | |
| 13 | Likelihood of not reimbursing advance - (put X against appropriate risk level) – give reason | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Low |  | Medium |  | High |  | |
| 14 | OoM Risk level rating - give reason |  |
|  | Requested by: (Head Office/Branch) | Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_: Date:\_\_\_\_\_\_ |
|  | Reviewed by: (Division Director) | Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_: Date:\_\_\_\_\_\_ |
|  | Reviewed by: (OoM) | Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_: Date:\_\_\_\_\_\_ |
|  | Approved by: (OED) | Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_: Date:\_\_\_\_\_\_ |