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**FCMB PENSIONS LIMITED**

**ADVANCE RETIREMENT VOUCHER**

Name of Staff: .……………………………………………………………………………………………………………………………………………….

GRADE: …………………………………………………………………………… Department: ………………….………………………………….

Purpose of Advance: …………………………………………………………. Amount Advanced: ..……..……………………………………

Date of Advance: ……………………………………………………………… Date of Retirement: ..………………………….………………

Details of Expenses:



Refundable/Reimbursable Amount: .…………………………………………………………………………………………………………………..

**Internal Audit’s Comment**: ..…………………………………………………………………………………………………………………………….

**Internal Audit Sign:** ………………………………………………………….. Date: ………………………………………………………………..

**Reimbursable Approval**

**ED**: …………………………………………………………………………………. Date: ..………………………………………………………………

**MD&CEO**: ……………………………………………………………………….. Date: ..………………………………………………………………

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Retired into: GL. No. …………………………………………….. Name: ………………………………………………………………

Payment Voucher No.: ……………………………………………….. Cheque/Petty Cash Voucher No ……………………………

Entered By: ………………………………………………………………. Date: ………………………………………………………………..

Approved By: ……………………………………………………………. Date: ………………………………………………………………..