FORM: PAY05

TEMPORARY GP FUND LOAN / ADVANCE FORM

OFFICE OF THE _____

FOR THE MONTH OF _____ **/20** _____

DDO CODE: (Cost Center) | | | | | | | **DESCRIPTION:** _____

PERSONNEL NO. | | | | | | | | | **EMPLOYEE NAME** _____

CNIC: | | | | | | -- | | | | | | | | -- | | **BPS:** | | |

DESIGNATION: _____ **PERIOD OF SERVICE:** _____ **OLD GP FUND ACCOUNT NO.** _____

TEMPORARY LOAN DETAILS:

LOAN CODE: | | | | | **DESCRIPTION:** _____ **APPROVAL DATE OF LOAN:** ____ // ____ // ____

LOAN CONDITION: ☐ WITH INTEREST ☐ WITHOUT INTEREST **LOAN INTEREST:** ____ % **REFUNDABLE PERCENTAGE OF GP FUND BALANCE** ☐ **50%** ☐ **80%**

PRINCIPAL

AMOUNT OF LOAN _____ DATE OF FIRST DEDUCTION ____ // ____ // ____ RATE OF RECOVERY _____

DATE OF LAST DEDUCTION ____ // ____ // ____ RATE OF RECOVERY _____

OUTSTANDING BALANCE OF LOAN _____

INTEREST

LOAN CODE: | | | | | **DESCRIPTION:** _____

AMOUNT OF INTEREST _____ DATE OF FIRST DEDUCTION ____ // ____ // ____ RATE OF RECOVERY _____

DATE OF LAST DEDUCTION ____ // ____ // ____ RATE OF RECOVERY _____

OUTSTANDING BALANCE OF INTEREST _____

Employee Specimen Signature

1 _____

2 _____

3 _____

_____ Prepared By

_____ Audited/Checked By

_____ Entered/Verified By