



TEMPORARY GP FUND LOAN / ADVANCE FORM

OFFICE OF THE _____
 FOR THE MONTH OF _____ /20 _____

DDO CODE: (Cost Center)	<input type="text"/>	DESCRIPTION:	
PERSONNEL NO.	<input type="text"/>	EMPLOYEE NAME	
CNIC:	<input type="text"/>	BPS:	<input type="text"/>
DESIGNATION:	PERIOD OF SERVICE:	OLD GP FUND ACCOUNT NO.	

TEMPORARY LOAN DETAILS:

LOAN CODE:	<input type="text"/>	DESCRIPTION:	APPROVAL DATE OF LOAN:		
LOAN CONDITION:	<input type="checkbox"/> WITH INTEREST		REFUNDABLE PERCENTAGE OF GP FUND BALANCE	<input type="checkbox"/> 50%	
	<input type="checkbox"/> WITHOUT INTEREST	LOAN INTEREST: _____ %		<input type="checkbox"/> 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:	<input type="text"/>	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 _____