

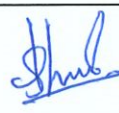
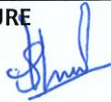


SBC

REQUEST FOR EMPLOYEE'S PAYROLL ADVANCE

EMPLOYEE'S NAME SHIJU VELAYUDHAN		EMPLOYEE NUMBER 1420	DATE 6-Nov-23
DEPARTMENT	LOCATION	DATE OF HIRE	AMOUNT KD50/-
REASON FOR REQUEST ADVANCE FOR MEDICAL TREATMENT		THE FULL AMOUNT WILL BE DEDUCTED ON THE FIRST PAY PERIOD FOLLOWING PAYROLL ADVANCE	
EMPLOYEE'S SIGNATURE 		APPROVED-ACCOUNTING DEPARTMENT	DATE
APPROVED - DELEGATED AUTHORITY 	DATE	CASH RECEIVED BY 	DATE
PROMISSORY NOTE			
ON DEMAND, FOR VALUE RECEIVED, I HEREBY PROMISE TO PAY SBC THE AMOUNT OF <u> KD50/- </u> NOTICE OF PRESENTMENT FOR PAYMENT, NOTICE OF DISHONOR, NOTICE OF PROTEST, ARE HEREBY WAIVED.			
EMPLOYEE'S SIGNATURE 			

SBC-FI-007(Rev.03/2011)