



ADVANCE CLEAR PAYMENT FORM

Requestor Name : Moe Thazin	Budget Type : Exclude Budget
Department Name :	Payment Type : Advance Clearing
Payment Date : 2025-02-10	Advance No : UBG-COP-2024-12-00043
Payment Voucher : AC-COP-2025-01-00030	Prepared By : COP_BudgetDataEntry
No	Superior Approved : F&AManagerCOP
Payment Method : Cash/Bank	By
Payment Amount : 380000.0	Last Approved By : CFD Cashier
Currency : MMK	
Exchange Rate : 4,570.0	

No.	Description	Department	Paid Amount	Remark
1	Cleared Office Main Door Repair	Administration Department(COP)	380,000.00	

Expense Total	380,000.00 K
Advance Amount	380,000.00 K
Clear	0.00 K

Note: -----

Paid By *Hlaing*
 Name : Su Su Hlaing
 NRC No : 911awawa (3) 258879
 Date : 10/2/2025

Received By
 Name : ei ei naino
 NRC No : 1110000258411
 Date : 10-2-2025

[Signature]

No. 152, Hlaingtharya Industrial Zone (4)
Min Gyi Mahar Min Street, Hlaingtharya, Yangon

ADVANCE CLEAR VOUCHER

Requestor Name : Moe Thazin	Budget Type : Exclude Budget
Department Name :	Payment Type : Advance Clearing
Payment Date :	Advance No : UBG-COP-2024-12-00043 27-Dec-24
Payment Voucher : AC-COP-2025-01-00030	Prepared By : COP_BudgetDataEntry
No	Superior Approved : F&A Manager COP
Payment Method : Cash/Bank	By
Payment Amount : 380000.0	Last Approved By : COP_BudgetDataEntry
Agency : MMK	
Exchange Rate : 4,560.0	

No.	Description	Department	Request Amount	Remark
1	Cleared Office Main Door Repair	Administration Department(COP)	380,000.00	

Expense Total	380,000.00 K
Advance Total	380,000.00 K ✓
Clear	0.00 K

Note:

Superior Check By		F&A	GM/AGM	
Name : <i>[Signature]</i>	Name : <i>[Signature]</i>	Name :	Name :	Name :
NRC No : 016128	NRC No : <i>[Signature]</i>	NRC No :	NRC No :	NRC No :
Date : 31.12.2025	Date :	Date :	Date :	Date :
Remark :	Remark :	Remark :	Remark :	Remark :

[Signature]
Min Min Soe
GAB Dept;

[Signature]
06/02/2025
Ammar



B.O.C ကိုသန်းအေး



သစ် | သွပ် | အိမ်ဟောင်းခွံ ရောင်းဝယ်ရေး

လိုင်သာယာဓာတ်ဆီဆိုင်အနီး။ ☎ 09 5118563, 09-420248017, 09-790866607

ဝယ်ယူသူအမည် - Common Purpose Co Ltd နေ့စွဲ 8.1.2025

စဉ်	အမျိုးအမည်	အရေအတွက်	နှုန်း	ကျပ်
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၂	အများအပြားဝယ်ယူမှု			၂၃၀၀၀၀
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PAID

ဝယ်ယူအားပေးမှုကို ကျေးဇူးတင်ပါသည်။

စုစုပေါင်း

ထက်မှတ် -----

နံပါတ် 07479



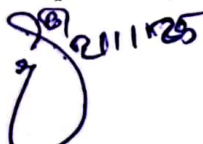




GENERAL EXPENSE CLAIM FORM



Company Name : Common Purpose (CE-2)

Department Name : Administration

No.	Date	Name	Description	Amount	Remark
၁၂	8.11.2025	Mac Thazin	ကဏ္ဍတံငါ: ဓမ္မဇာတိဆေးခန်း လက်ခံ + ဓမ္မဇာတိဆေး	150,000	
Total Amount				150,000	✓

Requested by:  20/11/25
 Name: **ei ei naino** (Requester)
 Approved by: 
 Name: **Mac Thazin** (Department Head)
 Checked by: 
 Name: **24.10.25** (Related FNA/Corp FNA)
 Approved by: 
 Name: **(OM/AGM/GM)**
 Approved by:  06/10/25
 Name: **(ACOO/COO/MD/VCM)**

02-COP-FNA-FRM-001-01

သာလျာဝံဒါး: ငွေကျပ်ဆေးသုတ် လက်ခံ + ငွေကျပ်ဆေး = 150,000/ ကျပ်အား

8/1/2025 ဂုဏ်ရေတွင်လက်ခံရရှိပါသည်။

လေးစားဖွယ်

[Handwritten signature]

Moe Hnatin

လက်ခံရရှိသူ *[Handwritten signature]*

Ko San Hlaing

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