

CLAIM PAYMENT FORM

Requestor Name : Moe Thazin	Budget Type : Include Budget
Department Name :	Payment Type : Claim Payment
Payment Date : 2025-06-11	Prepared By : COP_BudgetDataEntry
Payment Voucher : EX-COP-2025-06-00006	Superior Approved : F&AManagerCOP
No :	By :
Payment Method : Cash/Bank	Last Approved By : CFD Cashier
Payment Amount : 152000.0	
Currency : MMK	
Exchange Rate : 4,450.0	

No.	Description	Department	Paid Amount	Remark
1	CE-2 Security(Replacement OT. Drainage excavation)(15-5-2025) to (30-5-2025)..	Administration Department(COP)	152,000.00	

Expense Total 152,000.00 K
Additional/Refund

Note: -----

Paid -----

Description: -----

Paid By *Hlaing*
 Name : Su Su Hlaing
 NRC No : _____
 Date : 11.06.25

Jidh
 Received By
 Name : Phob Myin The
 NRC No : 121620201109728
 Date : 11.6.25

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

CLAIM REQUEST FORM

Requestor Name : Moe Thazin	Budget Type : Include Budget
Department Name :	Payment Type : Claim Payment
Request Date : 2025-06-06	Prepared By : COP_BudgetDataEntry
Payment Voucher : EX-COP-2025-06-00006	Superior Approved : F&AManagerCOP
No	By
Payment Method : Cash/Bank	Last Approved By : COP_BudgetDataEntry
Payment Amount : 152000.0	
Currency : MMK	
Exchange Rate : 4,450.0	

No.	Description	Department	Request Amount	Remark
1	CE-2 Security(Replacement OT, Drainage excavation)(15-5-2025) to (30-5-2025)..	Administration Department(COP)	152,000.00	

Expense Total
Additional/Refund

152,000.00 K ✓

Note:

<p style="text-align: center;"><i>[Signature]</i> 6/6/25</p> <p>Superior Check By</p> <p>Name : <u>E. E. N. Aung</u></p> <p>NRC No : <u>14/AGCOP/2024</u></p> <p>Date : <u>6.6.25</u></p> <p>Remark :</p>	<p style="text-align: center;"><i>[Signature]</i> 6/6/25</p> <p>F&A</p> <p>Name :</p> <p>NRC No :</p> <p>Date :</p> <p>Remark :</p>	<p style="text-align: center;"><i>[Signature]</i></p> <p>GM/ASM</p> <p>Name : <u>Benj. Ben Chin</u></p> <p>NRC No :</p> <p>Date : <u>6.6.25</u></p> <p>Remark :</p>	<p style="text-align: center;"><i>[Signature]</i> 09/06/2025</p> <p>COP</p> <p>Name :</p> <p>NRC No :</p> <p>Date :</p> <p>Remark :</p>
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UMG

OVERTIME REQUEST FORM

RDIV Name : CE (2)

Department Name : GA

Reason for Overtime : *සමස්ත: 09:07:00*

No.	Date	Name	Position Level	Time		Hours	Amount	Remark	
				From	To				
1.	15.5.25	<i>සුභසිරිසිංහ</i>	.	07:00	17:00	.	8000	<i>සමස්ත: 09:07</i>	
2.	17.5.25	<i>- සුභසිරි</i>	.	17:00	07:00	.	8000	<i>- -</i>	
3.	18.5.25	<i>- සුභසිරි</i>	.	17:00	07:00	.	8000	<i>- -</i>	
4.	20.5.25	<i>සමස්ත: 03:00</i>	.	07:00	17:00	.	8000	<i>- -</i>	
5.	21.5.25	<i>- සුභසිරි</i>	.	07:00	17:00	.	8000	<i>- -</i>	
6.	23.5.25	<i>- සුභසිරි</i>	.	17:00	07:00	.	8000	<i>- -</i>	
7.	24.5.25	<i>- සුභසිරි</i>	.	17:00	07:00	.	8000	<i>- -</i>	
8.	26.5.25	<i>සමස්ත: 03:00</i>	.	17:00	07:00	.	8000	<i>- -</i>	
9.	27.5.25	<i>- සුභසිරි</i>	.	07:00	17:00	.	8000	<i>- -</i>	
Total Hours								72000/	<i>~</i>
Total Amount									

Requested by
 Sign : *[Signature]*
 Name : *සුභසිරිසිංහ*
 (Requestor)

Approved by
[Signature]
 (DH) *Mahe Mahara*

Approved by
[Signature]
 (GM/AGM/COO)

Checked by
[Signature]
 (HR) *Mahe Mahara*

05-CHL-HRM-FRM-020-05

05-CHL-HRM-FRM-020-05



OVERTIME REQUEST FORM

BU/BR/DIV Name : CEC20

Department Name : GA

Reason for Overtime : ၁၀၀၀: ၀၇: ၀၇

No.	Date	Name	Position Level	Time		Hours	Amount	Remark
				From	To			
1.	29.5.25	ဦးဌေးဝင်း	.	17:00	07:00	.	8000	၁၀၀၀: ၀၇: ၀၇ OT
2.	30.5.25	ဦးဌေးဝင်း	.	17:00	07:00	.	8000	၁၀၀၀: ၀၇: ၀၇ OT
						Total Hours	16000	✓
						Total Amount		

Requested by

Sign :

Name :

[Signature]
ဦးဌေးဝင်း
(Requestor)

Approved by

[Signature]
Moe Insein
(DH)

Approved by

[Signature]
(GM/AGM/COO)

Checked by

[Signature]
(HR) Moe Insein

OVERTIME REQUEST FORM


Name : **CE(2)**
 Department Name : **GA / Administration**
 Reason for Overtime : **၅၅၆၆၆၆၆၆ ၀၇:၀၀**


No.	Date	Name	Position Level	Time		Hours	Amount	Remark
				From	To			
1.	24.5.25	ဦးဝင်းကျော်		07:00	17:00		8000	၅၅၆၆၆၆၆၆
2.	24.5.25	ဦးဝင်းကျော်		~	~		8000	~
3.	24.5.25	ဦးဝင်းကျော်		~	~		8000	~
4.	24.5.25	ဦးဝင်းကျော်		~	~		8000	~
5.	25.5.25	ဦးဝင်းကျော်		~	~		8000	~
6.	25.5.25	ဦးဝင်းကျော်		~	~		8000	~
7.	25.5.25	ဦးဝင်းကျော်		~	~		8000	~
8.	25.5.25	ဦးဝင်းကျော်		~	~		8000	~
Total Hours							64000	
Total Amount								

Requested by
 Sign : 
 Name : **ဦးဝင်းကျော်**
 (Requestor)

Approved by

 (DH)
 Moe Thant

Approved by

 (GM/ACM/COO)
 Hong Pei Chin

Checked by

 (HR) Moe Thant

05-CHL-HRM-FRM-020-05