



CASH CLAIM FORM

Date 28.4.2025

BU/BR/Division MLM

Department Administration



Mawlamyaing Branch

No 93, Zay Kyo Quarter, Mawlamyaing Tsp, Mon State Mawlamyaing

Tel :

Fax:

PAYMENT VOUCHER

Voucher No. : MLM-PV-2025-04-0028

Cashier :

Voucher Date : 2025-04-24

To :

Currency : MMK

Applicant Adm. Manager GM

No	Description	Purpose	Subtotal
1	PAYMENT FOR MISCELLANEOUS CHG MMK - 61,500/-, THINGYAN DONATION MMK - 27,300/-, TOTAL MMK - 88,800/-	Admin - Miscellaneous Expenses-MLM	61500.00
2	PAYMENT FOR MISCELLANEOUS CHG MMK - 61,500/-, THINGYAN DONATION MMK - 27,300/-, TOTAL MMK - 88,800/-	Admin - Donation Expenses-MLM	27300.00

Total 88,800.00

Total in Words :

Note : PAYMENT FOR MISCELLANEOUS CHG MMK - 61,500/-, THINGYAN DONATION MMK - 27,300/-, TOTAL MMK - 88,800/-

Date : Name/NRC No : Thinzar Nyo Signature : [Signature]

04-CFD-CAS-FRM-005-03

22.9.2025

Unit/Division MLM

Department Administration

Amount 88,800/- Kyats/ usd
ရှစ်သောင်းရှစ်ထောင်ရှစ်ရာကျပ်ဝိဝိ

Does it include (or) Not:

Yes Budgeted Title and Amount :

No Reasons for :

Required For:

Miscellaneous Chg mmk - 61,500/-

Thingyan Donation mmk - 27,300/-

Total mmk - 88,800/-

ရည်ရွယ်ချက်

၁) အဆင့်ဆင့်သက်ဆိုင်ရာတာဝန်ရှိလူကြီးမင်းများအားလုံး သေချာစွာစုံစမ်းစစ်ဆေးတွက်ချက်ပြီးထားသော ငွေပမာဏဖြစ်ရပါမည်။
(The amount requested must be properly calculated, checked and verified by respective authorized person)

၂) ထုတ်ယူငွေနှင့် ပတ်သက်၍ အမှားအယွင်း၊ လိမ်လည်မှု နှင့် အလွဲသုံးစားမှု တစ်စုံတစ်ရာ ရှိခဲ့ပါက၊ သက်ဆိုင်ရာ

တာဝန်ရှိစစ်ဆေးအတည်ပြုသူက အပြည် အပြန်လည်ရရှိအောင် တာဝန်ယူ ဆောင်ရွက်ပေးရမည်

(If there is errors, frauds or misappropriation, the authorized person must take full responsibility to recover the loss)

Request By

Checked By

Checked By

Approved By

Approved By

Thinzar Ngo

Thinzar Ngo
Requester

Nay Win Aung

Nay Win Aung
Mgr/DH

May Myint Thu

May Myint Thu
Finance & Account

Nay Win Aung

Nay Win Aung
GM/AGM/COO CMC/CEO/Chairwoman



GENERAL EXPENSE CLAIM FORM

MLM BR

Name : Administration

Date	Name	Description	Amount	Remark
Apr 2025	Htun Nyeint	Dog Food	27,000/-	✓
2.4.2025	Thinzar Nyo	ဘုရားပန်း	8,000/-	✓
11.4.2025	Thinzar Nyo	ဘုရားပန်း	10,000/-	✓
Apr 2025	Htun Nyeint	ရည်ပင်ဒါယုဂျက်ကားခ	7,500/-	✓
1.4.2025	Thinzar Nyo	ဆင်ပြာခံ	3,000/-	✓
Total Amount			55,500/-	✓

Requested by

Approved by

Checked by

ငါးဆောင်းငါးဆောင်းငါးပျက်ပျက်

Approved by

Approved by

Sign :

Name : Thinzar Nyo / Nay Win Aung / May Myint Thu / Nay Win Aung / Paing Soe Lynn
 (Requester) (Department Head) (Related FNA/Corp FNA) (OM/AGM/GM/BOH/ABOH) (ACOO/COO/MD/VCM)

04-CFD-TSU-FRM-001-00

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GENERAL EXPENSE CLAIM FORM

Department Name: **MIMGE Administration**

No.	Date	Name	Description	Amount	Remark
1.	Apr 2025	William Ngent	ibog feed	2,000/-	✓
2.	24.2025	Binuar Nygo	2222:222	8,000/-	✓
3.	11.11.2025	Binuar Nygo	2222:222	10,000/-	✓
4.	Apr 2025	Him Ngent	2222:222	7,500/-	✓
5.	24.2025	Binuar Nygo	2222:222	3,000/-	✓
Total Amount				55,500/-	✓

Requested by: *Ngys* Approved by: *Hk.* Checked by: *[Signature]*

Requested by: *Binuar Nygo* Approved by: *William Ngent* Checked by: *[Signature]*

Requested by: *Binuar Nygo* Approved by: *Him Ngent* Checked by: *[Signature]*

Requested by: *Binuar Nygo* Approved by: *Binuar Nygo* Checked by: *[Signature]*

[Signature]

(447D-1SU-1RM-AN140)