





GENERAL EXPENSE CLAIM FORM





Company Name : Win strategic.

Department Name : Administration.



No.	Date	Name	Description	Amount	Remark
1.	5.5.25	Saw Moe Zaw	Drinking water	12000 l.	
Total Amount					

Requested by:  Sign: 



Name: Saw Htet² Hlaing (Requester)

Approved by:  Sign: 



Name: Saw Htet² Hlaing (Department Head)

Checked by:  Sign: 

Name: Saw Nan Hlaing (Related FNA/Corp FNA)

Approved by:  Sign: 

Name: Min Thu Ya (OM/AGM/GM)

Approved by:  Sign: 

Name: (ACOO/COO/MD/VCN)



No. 592, 3rd Floor,
Bo Aung Kyaw Street, Yangon-Pathein Highway Road, Hlaingtharya, Yangon



CLAIM REQUEST FORM

Requestor Name : Saw Htet Htet
Hlaing
Department Name:
Request Date : 2025-06-18
Payment Voucher : EX-CE1-2025-06-00008
No
Payment Method : Cash/Bank
Payment Amount : 12000.0
Currency : MMK
Exchange Rate : 4,530.0

Budget Type : Include Budget
Payment Type : Claim Payment
Prepared By : CE1_BudgetDataEntry
Superior Approved : CE1_BudgetDataEntry
By
Last Approved By : CE1_BudgetDataEntry

No.	Description	Department	Request Amount	Remark
1	Drinking Water	Administration(CE1)	12,000.00	

Expense Total 12,000.00 K
Additional/Refund

Note:

Superior Check By	F&A	GM/AGM	COO	
Name : Saw Htet Htet Hlaing	Name : Saw Nan Hlaing	Name : Min Thu Ya	Name :	
NRC No : 111 Ba Tho Tac N	NRC No : 2016128	NRC No : 2016128	NRC No :	
Date : 19-6-25	Date : 2016128	Date :	Date :	
Remark :	Remark :	Remark :	Remark :	