

## ADVANCE REQUEST FORM

Requestor Name : Su Su Khaing	Budget Type : Include Budget
Department Name :	Payment Type : Advance Payment
Payment Date :	Advance Due Date :
Payment Voucher : ADV-REM-2025-02-00039	Prepared By : REM_BudgetDataEntry
No :	Superior Approved : REM_SRVADH
Payment Method : Cash/Bank	By :
Payment Amount : 225000.0	Last Approved By : REM_BudgetDataEntry
Currency : MMK	
Exchange Rate : 4,510.0	

No.	Description	Department	Request Amount	Remark
1	Advance Payment for repair the mirror of cab knee cover-3pcs.Recon,SE220#000332#000322,SE290#000019.MMK.Adv-225,000/-	Production (REM)	225,000.00	

Expense Total                    225,000.00 K  
Amount Remain                225,000.00 K

Note:

<p>Superior Check By Name : <u>Aung Kyin Aung</u> NRC No : <u>7/Ps Ta Na (W) 110371</u> Date : _____ Remark : _____</p>	<p>F&amp;A Name : <u>Tin Aye Htwe</u> NRC No : <u>12/4003 (36)</u> Date : <u>01.6.25</u> Remark : <u>13.2.25</u></p>	<p>GM/AGM Name : <u>Maung Maung</u> NRC No : _____ Date : _____ Remark : _____</p>	<p>COO Name : <u>Sir. Aye Min Htoon</u> NRC No : _____ Date : _____ Remark : _____</p>
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အောင်မြင်မှုကို ရောက်ရှိစေရန်





