



CLAIM REQUEST FORM

Requestor Name : Aye Phyu Phyu Zan
 Department Name :
 Payment Date :
 Payment Voucher No : EX-BTF-2025-03-00005
 Payment Method : Cash/Bank
 Payment Amount : 32200.0
 Currency : MMK
 Exchange Rate : 4,500.0

Budget Type : Include Budget
 Payment Type : Claim Payment
 Prepared By : Aye Phyu Phyu Zan
 Superior Approved By : Arker Lin
 Last Approved By : Arker Lin

No.	Description	Department	Request Amount	Remark
1	Customer Wrong Payment Refund	Billing System & Collection Department (BTF)	32,200.00	Customer Wrong Payment

Expense Total : 32,200.00 K
 Additional/Refund :

Note:

Arker Lin

Superior Check By
 Name : Arker Lin
 NRC No : 4182.MA.25.03.00005
 Date : 6.3.25
 Remark :

Arker Lin

F&A
 Name : Arker Lin
 NRC No : 4182.MA.25.03.00005
 Date : 6.3.25
 Remark :

Arker Lin

GM/AGM
 Name : Arker Lin
 NRC No : 4182.MA.25.03.00005
 Date : 6.3.25
 Remark :

Ph Chng Lin

COO
 Name : Ph Chng Lin
 Date : 6/3/25
 Remark :