



CLAIM PAYMENT FORM

Requestor Name : Moe Thazin
Department Name :
Payment Date : 2025-05-09
Payment Voucher : EX-CE5-2025-05-00002
No
Payment Method : Cash/Bank
Payment Amount : 14000.0
Currency : MMK
Exchange Rate : 4,420.0

Budget Type : Include Budget
Payment Type : Claim Payment
Prepared By : CE5_BudgetDataEntry
Superior Approved : CE5_F&AManager
By
Last Approved By : CFD Cashier

No.	Description	Department	Paid Amount	Remark
1	Claim CE-5 Petty Cash for April'25	Administration Department(CE5)	14,000.00	

Expense Total 14,000.00 K
Additional/Refund

Note: _____

Paid Description: _____

Paid By
Name : Su Su Hlaing
NRC No : 911awcusaen 0258879
Date : 9.10.25

Received By
Name : Su Su Hlaing
NRC No : 910u1a1hach1008782
Date : 9.5.25

CLAIM REQUEST FORM

Requestor Name : Moe Thazin	Budget Type : Include Budget
Department Name :	Payment Type : Claim Payment
Request Date : 2025-05-06	Prepared By : CE5_BudgetDataEntry
Payment Voucher : EX-CE5-2025-05-00002	Superior Approved : CE5_F&AManager
No	By
Payment Method : Cash/Bank	Last Approved By : CE5_BudgetDataEntry
Payment Amount : 14000.0	
Currency : MMK	
Exchange Rate : 4,420.0	

No.	Description	Department	Request Amount	Remark
1	Claim CE-5 Petty Cash for April'25	Administration Department(CE5)	14,000.00	

Expense Total 14,000.00 K ✓
Additional/Refund

Note:





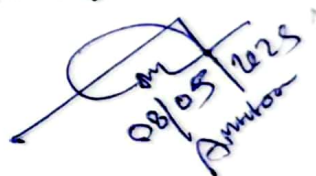
<p style="text-align: center;"><i>8/5/25</i></p> <p>Superior Check By</p> <p>Name : <i>E. E. Naing</i></p> <p>NRC No : <i>1199012024</i></p> <p>Date : <i>6-5-25</i></p> <p>Remark :</p>	<p style="text-align: center;"><i>7/5/25</i></p> <p>F&A</p> <p>Name : <i>Ten Za Hlaing</i></p> <p>NRC No :</p> <p>Date :</p> <p>Remark :</p>	<p style="text-align: center;"><i>7.5.25</i></p> <p>GM/AGM</p> <p>Name : <i>Phung Du Cern</i></p> <p>NRC No :</p> <p>Date : <i>7.5.25</i></p> <p>Remark :</p>	<p style="text-align: center;"><i>98/05/2025</i></p> <p>COO</p> <p>Name :</p> <p>NRC No :</p> <p>Date :</p> <p>Remark :</p>
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GENERAL EXPENSE CLAIM FORM



Company Name : **Mandalay Resources Co.-Ltd.**
 Department Name : **Administration.**

No.	Date	Name	Description	Amount	Remark
2	4-4-25	Et Et Naing	ကြက်သား (စားစား)	14,000	(တစ်ပတ်စာ)
Total Amount				14,000	✓

Requested by Sign :  Name : Et Et Naing (Requester)	Approved by Sign :  Name : Mr. Naing (Department Head)	Checked by Sign :  Name : 21/5/25 (Related FNA/Corp FNA)	Approved by Sign :  Name : Perky Thee Chin (OML/AGM/GM)	Approved by Sign :  Name : 08/05/2025 (ACOO/COO/MD/VCM)
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02-CE5-FNA-FRM-001-00