



ADVANCE REQUEST FORM

Requestor Name : Su Su Khaing	Budget Type : Include Budget
Department Name :	Payment Type : Advance Payment
Payment Date : 2024-08-20	Advance Due Date :
Payment Voucher : ADV-REM-2024-08-00027	Prepared By : None
No	Superior Approved : REM_SRVADH
Payment Method : Cash/Bank	By
Payment Amount : 4800.0	Last Approved By : REM_SRVADH
Currency : MMK	
Exchange Rate : 6,400.0	

No.	Description	Department	Request Amount	Remark
1	Advance Payment for Over Time charges-2 person (Bee Xpress engine/ mounted and testing of fuel line).MMK Adv -4,800/-	Production (REM)	4,800.00	

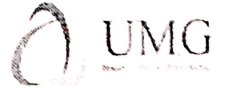
Expense Total 4,800.00 K ✓
Amount Remain 4,800.00 K ✓

Note:

<p style="text-align: center;"></p> <p style="text-align: center;">F&A</p> <p>Name : <u>Tin Nwe Htwe</u></p> <p>NRC No : <u>12/1002 (JE)</u></p> <p>Date : <u>016525</u></p> <p>Remark : <u>20/8/24</u></p>	<p style="text-align: center;"></p> <p style="text-align: center;">GM/AGM</p> <p>Name : <u>Maung Maung</u></p> <p>NRC No : <u>12/2202 (JE)</u></p> <p>Date : <u>157070</u></p> <p>Remark : _____</p>	<p style="text-align: center;"><i>tele approved</i></p> <p style="text-align: center;">COO</p> <p>Name : <u>Su Aye Min Hbon</u></p> <p>NRC No : _____</p> <p>Date : <u>21/8/24</u></p> <p>Remark : _____</p>
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Received OT charges { Si Thu Aung
Ye Myint Myat

Sign → Si



OVERTIME REQUEST FORM

BU/BR/DIV Name : Chrysanthemum Wealth
 Department Name : Production
 Reason for Overtime : Fuel line mounting and testing process

No.	Date	Name	Position Level	Time		Hours	Amount	Remark
				From	To			
1	12.8.24	Ye Myint Myat	Mechanic	5:00 PM	7:00 PM	2h	2400	Be Xpress
2.	u	Si Thu Aung	"	"	"	2h	2400	4DWQP-350.
						Total Hours	4h	4800
						Total Amount		

Requested by
 Sign : *[Signature]*
 Name : Su So Khine
 (Requestor)

Approved by
[Signature]
 dai hoo Khem
 (DH)

Approved by
[Signature]
 Ko Maung
 (GM/AGM/COO)

Checked by
[Signature]
 Zay Yar Linn
 (UR)