



CASH ADVANCE CLEAR FORM

Date: 21.5.2024
BU/BR/Division: Ramon
Department: Administration
Advance Issue: 100,000/- Kyats/ USD

Table with columns: No, Issue Time, Date, Payment Voucher No, Amount (USD, Kyats), Descriptions. Includes rows for 1st, 2nd, 3rd Time Advance, Total Advance, Total Actual, and Balance Refund/Additional.

Request By

[Signature]

Checked By

[Signature]

Checked By

[Signature]

Approved By

[Signature]

Approved By

Naw Abl Mae gas

Zayar Lim

Khin Swe Win

Maeng Maeng

Requester

Mgr/DH

Finance & Account

GM/ADM/COO

CMC

04-CFD-CAS-FRM-002-03

Alabar Liquor Wholesaler

ဖုန်း(၁/၆)၊ မြေကမ်းသာသာ၊ သမကုန်း၊ လှိုင်သာယာ

Ph : 09-795221620

ဖုန်း()-တိုက်(၃၀/B/၁၀)၊ မြေကမ်းသာသာ၊ သမကုန်း၊ လှိုင်သာယာ

Ph : 09-685441969, 09-452245424, 09-977112468

Open Daily : From (7:30) AM to (8:00) PM

P124051610

P1

17-May-2024

08:53:37 AM

Description	Qty	Unit	Price	Amount
Ice Bottle 0.6L	1	တချ	3,000	3,000
Total	1			3,000
Discount				
Foc				
Tax				
Net Amount				3,000

Change

ISO အတွက်ရေခဲပုလင်း

GENERAL EXPENSE CLAIM FORM



Name : Ramon
 Dept Name : Administration

No.	Date	PIC Name	Description	Category (Customer (Or) Operation)	Cost (MMK)	Remark
1	16.5.24	Naco Abl Moe	၆၄ (2100x2)		4200	For ISO
2		yar	၈၇၂၃ (1)၀၃		2800	"
3			၈၈၈၀ (20)၀၀၀	(3100x2)	6200	"
4			၆၄:၈၈၈၀: + ၃၀၀၀:		25800	"
5	17.5.24		၆၄	(3200x2)	6400	
			၈၈၈၀	(3100x2)	6200	
Total General Expense					7	
					51600/-	

Requested by	Approved by	Checked by	Approved by	Approved by
Sign :	Sign :	Sign :	Sign :	Sign : _____
Name : <u>Naco Abl Moe</u>	Name : <u>Ray Keshion</u>	Name : <u>Khin Swe Win</u>	Name : _____	Name : _____
(Requester) <u>yar</u>	(Department Head)	(Finance & Account)	(OM/AGM/GM)	(ACOO/COO/MD/VCM)

GENERAL EXPENSE CLAIM FORM



R/DIV Name : Recon
 Department Name : Administration

No.	Date	PIC Name	Description	Category (Customer (Or) Operation)	Cost (MMK)	Remark
1	13.5.21	Naw Ahi Mae	ငွေစီးပို့ခံ	(၄) ဝင်	1500	ခက်ခဲခြင်း
2		gar	အလုပ်ခွင်	(1) ဝင်	900	ယထာအလုပ်
3			ယထာအလုပ်	(1) ဝင်	1200	
Total General Expense					3600	

Requested by Sign : Name : <u>Naw Ahi Mae</u> (Requester) <u>gar</u>	Approved by Sign : Name : <u>Gar</u> (Department Head)	Checked by Sign : Name : <u>Khin Swe Win</u> (Finance & Account)	Approved by Sign : Name : _____ (OM/AGM/GM)
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Approved by
 Sign : _____
 Name : _____
 (ACOO/COO/MD/VCM)

GENERAL EXPENSE CLAIM FORM



BU/BR/DIV Name : Rayon

Department Name : Administration

No.	Date	PIC Name	Description	Category (Customer (Or) Operation)	Cost (MMK)	Remark
1	13.5.24	Naw Ahi Mac	ဝန် (1200x10)		12000	Reman, Reman
2		gar	ဘဝ		1000	Reman
3			အိမ်		1000	Reman
4			ကုန်		500	Reman
5			အိမ်		12000	Reman
6			အိမ်		1500	Reman
Total General Expense					7	28000/-

Requested by	Approved by	Checked by	Approved by	Approved by
 Sign :	 Sign :	 Sign :	 Sign :	 Sign :
Name : <u>Naw Ahi Mac</u> (Requester)	Name : <u>Gar</u> (Department Head)	Name : <u>Khin Swe Win</u> (Finance & Account)	Name : _____ (OM/AGM/GM)	Name : _____ (ACOO/COO/MD/VCM)

လက်ကင်းဖြတ်ပိုင်း

နေ့စွဲ 13.5.24

၆

အမည်

အမျိုးအမည်	နှုန်း	ကျပ်
1 ပုဂံ		2000
1 4" ဆောက်ကတ် မီး		3700
		5700

အထက် ဖြတ်ပိုင်းဖြည့်အဖွဲ့

(Handwritten signature)

(Large handwritten flourish)

အောင်မြင်စွာ ပြီးစီးခဲ့ပါသည်။
ဝယ်ငြီးပစ္စည်းစစ်ဆေးယူပါ
စီမံကိန်းဦးစီးဌာန၊ ရေစိုက်ရေးဦးစီးဌာန၊ ဝန်ကြီးဌာန
09-7486532500

လက်မှတ်

စုစုပေါင်း



