



ADVANCE REQUEST FORM

Requestor Name : Zin Zin Oo
 Department Name:
 Payment Date : 2024-09-16
 Payment Voucher : ADV-REN-2024-09-00051
 No
 Payment Method : Cash/Bank
 Payment Amount : 300000.0
 Currency : MMK
 Exchange Rate : 5,400.0

Budget Type : Include Budget
 Payment Type : Advance Payment
 Advance Due Date : 10/01/2024
 Prepared By : REN Budget Requestor
 Superior Approved : REN S&M DH
 By
 Last Approved By : REN S&M DH

No.	Description	Department	Request Amount	Remark
1	Advance request for ASM TA charges.PIC-Tint Lwin Oo Way Visit Plan -Mandalay (First Week and Third Week) -Melkhtila (Final Week)	Sales and Marketing Department(RE)	300,000.00	Advance request

Expense Total : 300,000.00 K
 Amount Remain : 300,000.00 K

Note:

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2024

Superior Check By: *[Signature]*
 Name: *[Signature]* Name: *[Signature]* Name: *[Signature]*
 NRC No: *[Signature]* NRC No: *[Signature]* NRC No: *[Signature]*
 Date: *[Signature]* Date: *[Signature]* Date: *[Signature]*
 Remark: *[Signature]* Remark: *[Signature]* Remark: *[Signature]*

F&A: *[Signature]* GM/AGM: *[Signature]* CDO: *[Signature]*

[Handwritten signature]
Zin Zin Oo