



ADVANCE REQUEST FORM

Requestor Name : Mya Kay Khaing	Budget Type : Include Budget
Department Name :	Payment Type : Advance Payment
Payment Date :	Advance Due Date : 04/11/2025
Payment Voucher : ADV-BTF-2025-03-00004	Prepared By : Mya Kay Khaing
No	Superior Approved : Myat Hsu Mon
Payment Method : Cash/Bank	By
Payment Amount : 300000.0	Last Approved By : Arker Lin
Currency : MMK	
Exchange Rate : 4,500.0	

No.	Description	Department	Request Amount	Remark
1	Office Supplies Charges for Mar'25	Administration Department (BTF)	300,000.00	Driking Water, office miscellaneous, car gps phone bill

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

Note: _____

Superior Check By	F&A	GM/AGM	COO
Name : <u>Myat Hsu Mon</u>	Name : <u>Arker Lin</u>	Name : <u>Arker Lin</u>	Name : <u>Arker Lin</u>
NRC No : <u>1444 PANA (A) 18,755</u>	NRC No : <u>1444 PANA (A) 18,755</u>	NRC No : <u>1444 PANA (A) 18,755</u>	NRC No : <u>1444 PANA (A) 18,755</u>
Date : <u>6/3/25</u>	Date : <u>6.3.2025</u>	Date : <u>6.3.25</u>	Date : <u>6/3/25</u>
Remark : _____	Remark : _____	Remark : _____	Remark : _____