

## CLAIM PAYMENT FORM

Requestor Name : Moe Thazin	Budget Type : Include Budget
Department Name :	Payment Type : Claim Payment
Payment Date : 2025-04-29	Prepared By : COP_BudgetDataEntry
Payment Voucher : EX-COP-2025-04-00048	Superior Approved : F&AManagerCOP
No	By
Payment Method : Cash/Bank	Last Approved By : CFD Cashier
Payment Amount : 16000.0	
Currency : MMK	
Exchange Rate : 4.430.0	

No.	Description	Department	Paid Amount	Remark
1	(Claim) CE-2 Security OT 30.3.25 to 31.3.25 (Replacement OT)..	Administration Department(COP)	16,000.00	

Expense Total                      16,000.00 K  
Additional/Refund

Note: .....

Paid Description: .....

*Hlaing*

Paid By

Name : Su Su Hlaing

NRC No : 911awana (0) 258 879

Date : 29/04/25

Received By

Name : U. O. Nang

NRC No : 14106PM)8744

Date : 29-4-25

*Su Su Hlaing*

No. 152, Hlaingtharya Industrial Zone (4)  
Min Gyi Mahar Min Street, Hlaingtharya, Yangon

## CLAIM REQUEST FORM

Requestor Name : Moe Thazin	Budget Type : Include Budget
Department Name:	Payment Type : Claim Payment
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Payment Voucher : EX-COP-2025-04-00048	Superior Approved : F&A Manager COP
No	By
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Payment Amount : 16000.0	
Currency : MMK	
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No.	Description	Department	Request Amount	Remark
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Expense Total                      16,000.00 K ~  
Additional/Refund

Note: .....

<p style="text-align: center;"><i>Superior</i></p> <p>Superior Check By Name : <i>El Ei Aung</i> NRC No : <i>1/100000000</i> Date : <i>25-4-25</i> Remark : .....</p>	<p style="text-align: center;"><i>F&amp;A</i></p> <p>Name : <i>Pro Zar Linn</i> NRC No : .....</p>	<p style="text-align: center;"><i>GMXACM</i></p> <p>Name : <i>Henry The Win</i> NRC No : .....</p>	<p style="text-align: center;"><i>COO</i></p> <p>Name : .....</p>
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