

CLAIM PAYMENT FORM

Requestor Name : Thandar Soe(2)
 Department Name :
 Payment Date : 2025-06-27
 Payment Voucher : EX-COP-2025-06-00016
 No
 Payment Method : Cash/Bank
 Payment Amount : 30000.0
 Currency : MMK
 Exchange Rate : 4,600.0

Budget Type : Include Budget
 Payment Type : Claim Payment
 Prepared By : COP_ServiceDataEntry
 Superior Approved : Sai Nan Ko
 By
 Last Approved By : CFD Cashier

No.	Description	Department	Paid Amount	Remark
1	Claim Charges for Operator Charges for machine delivery for ZX210LCH-5G*1U#305145 (Loading) to Shwe Kyin BR (Delivery Date-14.6.25) Cu Name-U Lin Lin Htike as repair purpose from Service Department. Issued By- Thandar Soe, Issued Amount-30,000MMK.	Service Department(COP)	30,000.00	Claim Charges for Operator Charges for machine delivery for ZX210LCH-5G*1U#305145 (Loading) to Shwe Kyin BR (Delivery Date-14.6.25) Cu Name-U Lin Lin Htike as repair purpose from Service Department. Issued By- Thandar Soe, Issued Amount-30,000MMK.

Expense Total 30,000.00 K
 Additional/Refund

Note: _____

Paid _____

Description:

Soe
 Paid By
 Name : *Soe Htar Tun*
 NRC No : *310210 (U) 165117*
 Date : *28/06/25*

Received By
 Name : *CFD Cashier*
 NRC No : *4100000000000000*
 Date : *27.6.25*

Soe Htar Tun

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

CLAIM REQUEST FORM

Requestor Name : Thandar Soe(2)
 Department Name :
 Request Date : 2025-06-19
 Payment Voucher : EX-COP-2025-06-00016
 No
 Payment Method : Cash/Bank
 Payment Amount : 30000.0
 Currency : MMK
 Exchange Rate : 4,580.0

Budget Type : Include Budget
 Payment Type : Claim Payment
 Prepared By : COP_ServiceDataEntry
 Superior Approved : Sai Nan Ko
 By
 Last Approved By : Sai Nan Ko

No.	Description	Department	Request Amount	Remark
1	Claim Charges for Operator Charges for machine delivery for ZX210LCH-5G*1U#305145 (Loading) to Shwe Kyin BR (Delivery Date-14.6.25) Cu Name-U Lin Lin Htike as repair purpose from Service Department. Issued By- Thandar Soe, Issued Amount-30,000MMK.	Service Department(COP)	30,000.00	Claim Charges for Operator Charges for machine delivery for ZX210LCH-5G*1U#305145 (Loading) to Shwe Kyin BR (Delivery Date-14.6.25) Cu Name-U Lin Lin Htike as repair purpose from Service Department. Issued By- Thandar Soe, Issued Amount-30,000MMK.

Expense Total 30,000.00 K
 Additional/Refund

Note:

[Handwritten signature]

Superior Check By
[Signature]
 Name : Sai Nan Ko

Name : Sai Nan Ko
 NRC No :
 Date : 25/06/25
 Remark :

F&A
[Signature]
 Name : Tin Zin Hlaing
 NRC No : 81DKJLN
 Date : 26.8.20
 Remark :

Name : Tin Zin Hlaing
 NRC No : 81DKJLN
 Date : 26.8.20
 Remark :

GM/AGM
[Signature]
 Name : Aung Thulwin
 NRC No :
 Date : 24/10/25
 Remark :

Name : Aung Thulwin
 NRC No :
 Date : 24/10/25
 Remark :

[Signature]
 Name : Aye Min Htoon
 NRC No :
 Date : 25/06/25
 Remark :

Name : Aye Min Htoon
 NRC No :
 Date : 25/06/25
 Remark :

OPERATOR CHARGES



Name : U Min Zau
 : 9/SakaNACH 1011230, 09-691450613
 Business Unit : Common Purpose

Date : 14-6-25
 Saleman :

No	Customer	Model	Serial No	Amount	Time		Remark
					Start	Finish	
1.	U Lin Hike	ZX210LCH-5	305145	30000	3:00 PM	3:30 PM	Operator charged for machine delivery for ZX210 LCH-5 Ax1ut 305145 (Loading) to show kjin BF Delivery Date- 14-6-25 Ca Name- U Lin Hike
Grand Total				30,000			

Prepared By
 Sign :
 Name : Thandar Soe

Acknowledged By
 Sign :
 Name : U Min Zau

Approved By
 Sign :
 Name : Aung The Win

02-COP-SRV-FRM-040-00



GENERAL EXPENSE CLAIM FORM



Company Name : Common Purpose

Department Name : Service

No.	Date	Name	Description	Amount	Remark
1	14.6.25	ZX210LCH-5G#	Machine loading	30000	operator charges for
		305145	charges for ZX210LCH-5G#		machine delivery for
			14# 305145		ZX210LCH-5G# 14#
					305145 (loading) to
					Shwe Kyin BR.
					Delivery Date- 14.6.25
					Ca Name- U Lin Lin Hla
Total Amount				30,000	

Requested by

Approved by

Checked by

Approved by

Approved by

Sign :

Name : Thandar Soe

Name : U Lin Lin Hla

Name : Tin Zar Hlaing

Name : Aung The Win

Name : Aye Min Htoon

(Requester)

(Department Head)

(Related FNA/Corp FNA)

(OM/AGM/GM)

(ACOO/COO/MD/VCM)