



Mawlamyaing Branch
No.93, Zay Kyo Quarter, Mawlamyaing Tsp, Mon State.Mawlamyaing
Tel :
Fax:

PAYMENT VOUCHER

Voucher No. : MLM-PV-2025-01-0013
Voucher Date : 2025-01-09
Currency : MMK

Cashier :
To :

Applicant Adm. Manager GM

No	Description	Purpose	Subtotal
1	PAYMENT FOR OFFICE SUPPLY MMK - 40,000/-, FUEL CHG MMK - 10,000/-, MISCELLANEOUS MMK - 4500/-, TOTAL MMK - 54500/-	Admin - Office Supplies Expenses-MLM	40000.00
2	PAYMENT FOR OFFICE SUPPLY MMK - 40,000/-, FUEL CHG MMK - 10,000/-, MISCELLANEOUS MMK - 4500/-, TOTAL MMK - 54500/-	Admin - Car Fuel Expenses-MLM	10000.00
3	PAYMENT FOR OFFICE SUPPLY MMK - 40,000/-, FUEL CHG MMK - 10,000/-, MISCELLANEOUS MMK - 4500/-, TOTAL MMK - 54500/-	Admin - Miscellaneous Expenses-MLM	4500.00

Total 54,500.00

Total in Words : _____

Note : PAYMENT FOR OFFICE SUPPLY MMK - 40,000/-, FUEL CHG MMK - 10,000/-, MISCELLANEOUS MMK - 4500/-, TOTAL MMK - 54500/-

Date : _____ Name/NRC No : Hnin Paing Wai Signature :



CASH CLAIM FORM

Date : 9.1.2025

BU/BR/Division : Mawlamyine

Department : Administration

Issue Amount : 545,000 Kyats/ USD

Budget include (or) Not : မြန်မာ့ငွေကြေးဦးစီးဌာန
ပြန်လည်ရရှိအောင် ပြုလုပ်မည်

Yes Budgeted Title and Amount :

No Reasons for :

Required For:	
Office Supplies (Hostel chgs)	- 40000
Fuel chgs	- 10000
Water Bills	- 4500
Total	- 54500 MMK

မှတ်ချက်။
 (၁) အဆင့်ဆင့်သက်ဆိုင်ရာတာဝန်ရှိသူကြီးမင်းများအားလုံး သေချာစွာစုံစမ်းစစ်ဆေးတွက်ချက်ပြီးထားသော ငွေပမာဏဖြစ်ရပါမည်။
 (The amount requested must be properly calculated, checked and verified by respective authorized person)
 (၂) ထုတ်ယူငွေနှင့် ပတ်သက်၍ အမှားအယွင်း၊ လိမ်လည်မှု နှင့် အလွဲသုံးစားမှု တစ်စုံတစ်ရာ ရှိခဲ့ပါက၊ သက်ဆိုင်ရာ၊
 တာဝန်ရှိစစ်ဆေးအတည်ပြုသူက အပြည် အဝ ပြန်လည်ရရှိအောင် တာဝန်ယူ ဆောင်ရွက်ပေးရမည်
 (If there is errors, frauds or misappropriation, the authorized person must take full responsibility to recover the loss)

Request By

Wai
Hnin Aung Wai
Requester

Checked By

Myo
Myo Hlike Aung
Mgr/DH

Checked By

Wai
Hnin Aung Wai
Finance & Account

Approved By

Myo
Myo Hlike Aung
GM/AGM/COO

Approved By


CMC/CEO/Chairwoman





GENERAL EXPENSE CLAIM FORM


Requester Name : Macclamyine
Department Name : Administration

Date	Name	Description	Amount	Remark
	Hnin Point Wai	Hostel Chgs	40,000	
Total Amount				

Requested by: 
Name: Hnin Point Wai (Requester)

Approved by: 
Name: Myo Hlike Aung (Department Head)

Checked by: 
Name: Hnin Point Wai (Related FNA/Corp FNA)

Approved by: 
Name: Myo Hlike Aung (OM/AGM/GM/BOH/ABOH)

Approved by: _____
Name: _____ (ACOO/COO/MD/VCM)



No.108, Kyaik maraw Main Road, Near
Traditional Medicine Hospital, Ngan Fay
Quarter, Mawlamyine.
Ph. 057 2030177, 09 690502708

No.

No : 4467

DATE
23-12-24

TIME
8:10 AM

Person: Thura

Description	Liter	Price	Amount
2 Kan	1.471	3,400	5,000

Handwritten signature
HPW

Handwritten signature

Total 5,000

Thank You.....See You Again!

No. 108, Kyaik maraw Main Road, Near
Traditional Medicine Hospital, Ngan Lay
Quarter, Mawiamyine.
Ph. 057 2030177, 09 690502708

Acle No.

Slip No : 4385

DATE
16-12-21

TIME
8:54 AM

Sale Person: Thara

Description	Liter	Price	Amount
92 B.30	1.471	3,400	5,000


HPW



Total

5,000

Thank You.....See You Again!

COOL SPRING Co;Ltd

CS/S&M/RE/005

Issue : 1.0

Wyne Street, Zaye Kyo Ward, Mawlamyine.
 09-311-91555, 09-255-730577, Fax 057-24053
 Email: coolspring16@gmail.com.mm

SALE INVOICE

Order No.:

Cash Credit

Customer: U. H. G.

Inv.No : 5487

Address:

Inv.Date : 24.12.24

No.	Description	Qty	Unit Price	Amount
1.	CoolSpring(600ml)			
2.	CoolSpring(1L)			
3.	CoolSpring(5gl)	3	1500	4500
4.				
5.				
Credit Term		Total		7
No.of Days Credit:		Advance		
Due Date:		Balance		
				45000/-

မှတ်ချက် ။ အပြုရောင်ဘောင်ချာဖြင့်သာ ငွေပေးချေရန်။ အပြုရောင်ဘောင်ချာမပါဘဲ ငွေပေးချေမှုကို ကုမ္ပဏီမှ လက်ခံမည်မဟုတ်ပါ။

Received the above materials in good condition

Sales man :

Customer :

Name :

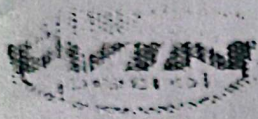
Name :

Signature :

Seal & Signature :

Details of Cash Received

Date	Amount	Signature



No. 108, Kyaikmaraw Main Road, Near
 Traditional Medicine Hospital, Ngan Lay
 Quarter, Mawlamyine
 Ph: 057 2030177, 09 690502708

Vehicle No.

Sap No: 4467

DATE
23-12-24

TIME
8:10 AM

Sale Person: Thura

Description	Liter	Price	Amount
92 Ron	1.471	3,400	5,000

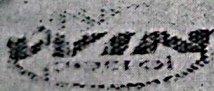
Eli
HPW

Thura

Total 5,000

Thank You See You Again!

01/09/2025 11:30



No. 108, Kyaikmaraw Main Road, Near
 Traditional Medicine Hospital, Ngan Lay
 Quarter, Mawlamyine
 Ph: 057 2030177, 09 690502708

Vehicle No.

Sap No: 4385

DATE
16-12-24

TIME
8:54 AM

Sale Person: Thura

Description	Liter	Price	Amount
92 Ron	1.471	3,400	5,000

Eli
HPW

Thura

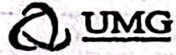
Total 5,000

Thank You See You Again!

01/09/2025 11:30

Eli
HPW

MT for
that



GENERAL EXPENSE CLAIM FORM

DIV/ BR Name : Marketing

Department Name : Administration

No.	Date	Name	Description	Amount	Remark
1.		Hin Rint Wai	Hotel Chgs	40,000	
Total Amount					

Requested by

Approved by

Checked by

Approved by

Approved by

Sign :
Name : Hin Rint Wai
(Requester)

Name : Myo Hile Aung
(Department Head)

Name : Hin Rint Wai
(Related FNA/Corp FNA)

Name : Myo Hile Aung
(OM/AGM/GM/BOH/ABOH)

Name : Paing Soe Lynn
(ACD/ICOO/MD/VEH)

04-CFD-TSU-FRM-001-00