



# CASH CLAIM FORM

Date : 3-9-24  
 BU/BR/Division : AT 2 T  
 Department : Administration  
 Issue Amount : 120,000 Kyats/.....USD

Budget include (or) Not :

Yes  Budgeted Title and Amount :  
 No  Reasons for :

**Required For:**

Zin Win Htike's father dead

**မှတ်ချက်။**

(၁) အဆင့်ဆင့်သက်ဆိုင်ရာတာဝန်ရှိလူကြီးမင်းများအားလုံး သေချာစွာစစ်ဆေး၊ စစ်ဆေးတွက်ချက်ပြီးထားသော 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 အပြည့် အဝ ပြန်လည်ရရှိအောင် တာဝန်ယူ ဆောင်ရွက်ပေးရမည်  
 (If there is errors, frauds or misappropriation, the authorized person must take full responsibility to recover the loss)

Request By	Checked By	Checked By	Approved By	Approved By
Requester	Mgr/DH	Finance & Account	GM/AGM/COO	CMC/CEO/Chairwoman
Zin Mar Win	Lae Lae Mon	Zin Mar	Maung Maung	Ko Aye Min Htoon Telegram Approved

← Budget ပုံစံအရ ပေးပါရန်



## FUNERAL SUPPORT REQUEST FORM

Request Date	2.9.24
Employee Name	Zin Win Htike
Employee ID	15444
Join Date	6.6.23
Service Year	1 year 3 months.
Position	Mechanic
Department	Production
Business Name	AT & T BU
If family member Deceased :	
Relation	<input checked="" type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Children
Name	U Than Win
Date of Passed Away	20.8.24
Compassionate Allowance Amount	120,000/-

Remark : Please submit with funeral document.

<b>Requested by</b>	<b>Acknowledged by</b>	<b>Checked by</b>	<b>Approved by</b>
Sign :	Sign :	Sign :	Sign :
Name : Zin Win Htike	Name : Aung Kyaw Thu	Name : Lar Lar Mon	Name : Mawng Mawng
Position : Mechanic	Position : SDH	Position : ADH	Position : GM
Date : 2.9.24	Date : 2.9.24	Date : 2.9.24	Date : 2.9.24
(Employee)	(Manager)	(Related HR)	(AGM/GM/COO)

KM. 0+000

U Aye Min Htoon  
online



Date : 2.19.24 (Employer)    Date : 2.19.24 (Manager)    Date : 2.19.24 (Related HR)    Date : 2.19.24 (AGM/GM/COO)

U-UMG-CASH-CLAIM-FRM

2:47 PM ✓

**UMG CASH CLAIM FORM**

Date: 2.19.24  
 At/On/Location: M.T.T  
 Department: Mechanical  
 Total Amount: 120,000/-  
 Budget include (if any):  
 Suggested Title and Amount  
 Reasons for

Requested for:  
 Zin Win Htike's Vehicle Repair

Notes:  
 (1) Requested amount must be properly calculated, checked and verified by requester authorized person.  
 (2) Requester must ensure that the amount requested is for the purpose of the budget.  
 (3) If there is error, fraud or misappropriation, the authorized person must take full responsibility to recover the cost.

Request By	Checked By	Checked By	Approved By	Approved By
Requester Zin May Win	Mgr/DR Lan Loe Mon	Finance & Account Zin Ma	GM/AGM/COO Moeung Moeung	Director/Chairwoman Moeung Moeung

34-CTD-CAS-TRM-003-01

ဆရာရှင် Zin Win Htike (Mechanic)  
၏ဖခင်နာရေးအတွက် ထောက်ပံ့ငွေ  
120000/- ထုတ်ယူခွင့်ပြုပါရှင်

2:49 PM ✓



Lae Lae Mon

ဆရာရှင် Zin Win Htike (Mechanic)...

Please proceed MMK 120,000. 3:18 PM



Message

