


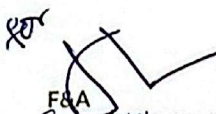

## CLAIM REQUEST FORM


Requestor Name : Ei Ei Naing (CE5)	Budget Type : Include Budget
Department Name:	Payment Type : Claim Payment
Request Date : 2025-07-17	Prepared By : Ei Ei Naing (CE5)
Payment Voucher : EX-CE5-2025-07-00009	Superior Approved : Moe Thazin (CE5)
No	By
Payment Method : Cash/Bank	Last Approved By :
Payment Amount : 7500000.0	
Currency : MMK	
Exchange Rate : 4,480.0	

No.	Description	Department	Request Amount	Remark
1	(Claim) Office building Rental For July'2025 CE5 = Ks 75L.	Administration Department(CE5)	7,500,000.00	

Expense Total                      7,500,000.00 K  
Additional/Refund

Note: .....

			
	F&A	GM/AGM	COO
Superior Check By	Name : <u>Ei Ei Naing</u>	Name : <u>Ung Thein</u>	Name : .....
Name	NRC No : <u>19 / AGP (AD) 84</u>	NRC No : .....	NRC No : .....
Date	Date : <u>17.7.25</u>	Date : <u>18.7.25</u>	Date : .....
Remark	Remark : .....	Remark : .....	Remark : .....

  
Checked By,  
Ei Thein Khin  
(CNA)