



SALE INVOICE

Customer Name : *Winning Way*
 Shop Name : *RE BU*
 Address : *Thulzar Moe*
 Phone No. : *09-442622443*

Invoice No : **01022**
 Invoice Date : *17.10.2025*
 Sale Person : *Wai Phyo Lwin*
 Sale Type : **Cash / Credit()**

No	Description	UOM	Qty	Price	Total Amt	Remark
	<i>6mm (25g)</i>	<i>25</i>	<i>20</i>	<i>500</i>	<i>10,000</i>	
Total Amount					<i>10,000</i>	
Advance						
Grand Total						

Prepare By

Checked By

Approved By

Received By

Phyo

Sale Dept

Finance Dept

OM/AGM/GM/ACOO

Customer

Wai Phyo Lwin

Winning Way

GENERAL EXPENSE CLAIM FORM

CLMU

Company Name

: Winning Way

Department Name

: Administration

No.	Date	Name	Description	Amount	Remark
1	31.1.25	Nyera Gi'rhading	dinning water for Jan'25	20000	
Total Amount					

Requested by

Approved by

Checked by

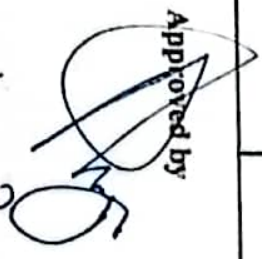
Approved by

Approved by

Sign : 







Name : Iruas moe
(Requester)

Nyera Gi'rhading
(Department Head)

Nury Nury
(Related FNA/Corp FNA)

Phyo Iha
(OM/AGM/GM)

Aye mir Htoon
(ACOO/COO/MD/V/CM)