

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

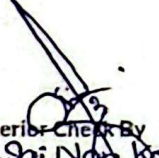
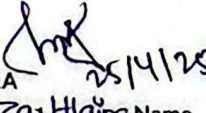
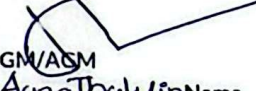
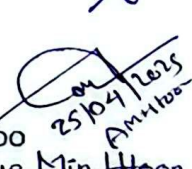
CLAIM REQUEST FORM

Requestor Name : Thandar Soe(2)	Budget Type : Include Budget
Department Name:	Payment Type : Claim Payment
Request Date : 2025-04-25	Prepared By : COP_BudgetDataEntry
Payment Voucher : EX-COP-2025-04-00043	Superior Approved : F&AManagerCOP
No	By
Payment Method : Cash/Bank	Last Approved By : COP_BudgetDataEntry
Payment Amount : 30000.0	
Currency : MMK	
Exchange Rate : 4,430.0	

No.	Description	Department	Request Amount	Remark
1	Claim Charges; Operator Charges for Machine Delivery for ZX210LCH-5G*2U#90344 (loading) to NLP BR (Delivery Date-8.4.25), Cu Name-U Aung Kyi Phoe and 90481 (loading) to NLP BR (Delivery Date-25.4.25), Cu Name-U Myo Zaw Oo as repair purpose from Service Department. Issued By- Thandar Soe, Issued Amount- 30,000MMK.	Service Department(COP)	30,000.00	Claim Charges; Operator Charges for Machine Delivery for ZX210LCH-5G*2U#90344 (loading) to NLP BR (Delivery Date-8.4.25), Cu Name-U Aung Kyi Phoe and 90481 (loading) to NLP BR (Delivery Date-25.4.25), Cu Name-U Myo Zaw Oo as repair purpose from Service Department. Issued By- Thandar Soe, Issued Amount- 30,000MMK.

Expense Total 30,000.00 K ²
Additional/Refund

Note: _____

<p>Superior Check By  Name : Sai Nyan Ko NRC No : _____ Date : 25.4.25 Remark : _____</p>	<p>F&A  Name : Tin Za Hlaing NRC No : _____ Date : 25.4.25 Remark : _____</p>	<p>GM/ASM  Name : Aung Thaw Win NRC No : _____ Date : 25.4.25 Remark : _____</p>	<p>EOO  Name : Aye Min Hoon NRC No : _____ Date : 25.4.25 Remark : _____</p>
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urpose

OPERATOR CHARGES



Operator Name : Cl Min Zaw , 09-691450613
 : 9/Sakana (N) 011230
 Business Unit : Common Purpose

Date : 25.4.25
 Saleman :

No	Customer	Model	Serial No	Amount	Time		Remark
					Start	Finish	
1.	U Aung Kyir Phoe	2X2101CH - SG	90344	15600	2:00PM	3:00PM	Machine Delivery for 2x2101CH-SGx 2cu# 90344 (8.4.25),
2.	Cl Mgo Zaw Oo	"	90481	15000	10:00AM	11:00AM	90481 (25.4.25) - NLP BR (Machine loading)
Grand Total				30,000			

Prepared By

Acknowledged By

Approved By

Sign :
 Name : Thandar Soe

Sign :
 Name : Sai Nan ko

Sign :
 Name : Aung The Win


02-COP-SRV-FRM-040-00


GENERAL EXPENSE CLAIM FORM





Purpose: _____
 Company Name: U Min Zaw. 09.691540613, 9/Saka Na (H) 011230
 Department Name: Service

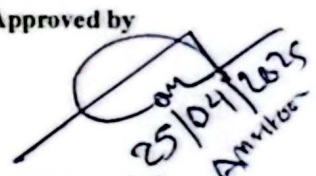
No.	Date	Name	Description	Amount	Remark
1.	8.4.25	90344	Machine Delivery for	15000	Machine Delivery for
2.	25.4.25	90481	2x210 LCH-SR x 2u#	15000	2x210 LCH-SR x 2u#
			90344, 90481		90344- Ca Name - U Aung
			(loading)		Kyi Phoe, 90481.
					Ca Name - U Min Zaw Co
					CNLP BR) - Machine
					loading
Total Amount				30,000	✓

Requested by: 
 Name: Thanda Soe (Requester)

Approved by: 
 Name: Sai Nam Ko (Department Head)

Checked by: 
 Name: Tin Zee Hlaing (Related FNA/Corp FNA)

Approved by: 
 Name: Aung Thein Win (OM/AGM/GM)

Approved by: 
 Name: Aye Min Hoon (ACOO/COO/MD/VCM)

02-COP-FNA-FRM-001-01