




## CLAIM REQUEST FORM

Requestor Name : Moe Thazin	Budget Type : Include Budget
Department Name:	Payment Type : Claim Payment
Request Date : 2025-06-04	Prepared By : CE5_BudgetDataEntry
Payment Voucher : EX-CE5-2025-06-00002	Superior Approved : CE5_F&AManager
No	By
Payment Method : Cash/Bank	Last Approved By :
Payment Amount : 7500000.0	
Currency : MMK	
Exchange Rate : 4,450.0	

No.	Description	Department	Request Amount	Remark
1	Claim Office Building Rental For Jun'25 CE5 = Ks 75L..	Administration Department(CE5)	7,500,000.00	

Expense Total                      7,500,000.00 K  
Additional/Refund

Note: .....

			
Superior Check By	F&A	GM/IGM	COO
Name : <u>E. P. Moe</u>	Name : .....	Name : .....	Name : .....
NRC No : <u>446601284</u>	NRC No : .....	NRC No : .....	NRC No : .....
Date : <u>6.6.25</u>	Date : .....	Date : .....	Date : .....
Remark : .....	Remark : .....	Remark : .....	Remark : .....