



No.49/A, Kyat Sa... inch  
 Tsp, Tanintharyi Division. Dawei  
 Tel :  
 Fax:

**PAYMENT VOUCHER**

Voucher No. :DWI-PV-2025-05-0026 Cashier :  
 Voucher Date :2025-05-09 To :  
 Currency :MMK

Applicant Adm. Manager GM

No	Description	Purpose	Subtotal
1	PAYMENT FOR DAWEI BRANCH EMPLOYEE'S DRINKING WATER & PAGODA FLOWER CHARGES TOTAL AMT- 7,800 MMK.		

Total 7,800.00

Total in Words : \_\_\_\_\_

Note : PAYMENT FOR DAWEI BRANCH EMPLOYEE'S DRINKING WATER & PAGODA FLOWER CHARGES TOTAL AMT- 7,800 MMK.

Date : 9 May 2025 Name/NRC No : Pyae Phyo Aung Signature : [Signature]

Date : 9 May 2025

BU/BR/Division : Dacei

Department : Admin

Issue Amount : 7,800 Kyats/ USD

Budget include (or) Not :

Yes  Budgeted Title and Amount :

No  Reasons for :

Required For:

Dacei Branch Employee's Drinking Water & Pagoda Flower charges. Total Amt - 7,800 MMK.

မှတ်ချက်။

(၁) အဆင့်ဆင့်သက်ဆိုင်ရာတာဝန်ရှိလူကြီးမင်းများအားလုံး သေချာစွာစုံစမ်းစစ်ဆေး၊ တွက်ချက်ပြီးထားသော 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

*Pyae Phyo Aung*

Requester

Checked By

*May Zin Aung*  
Mgr/DH

Checked By

*May Zin Aung*  
Finance & Account

Approved By

*[Signature]*  
GM/AGM/COO

Approved By

*[Signature]*  
CMC/CEO/Chairwoman



# GENERAL EXPENSE CLAIM FORM

DIV/ BR Name : Dawei

Department Name : Admin

No.	Date	Name	Description	Amount	Remark
1.	9 May 2025	Pype Phyo Aung	Employee's Drinking Water (6.5.25)	4500	1 PC x 1500
			Employee's Drinking Water (8.5.25)	1500	1 PC x 1500
			Pagoda Flowers (9.5.25)	1800	
Total Amount				7800	

Requested by

Approved by

Checked by

Approved by

Approved by

Sign :

Name :

Pype Phyo Aung  
(Requester)

Naw Ni Nandar Aye.  
(Department Head)

May Zin Aung  
(Related FNA/Corp FNA)

(OM/AGM/GM/BOH/ABOH)

(ACOO/COO/MD/VCMI)

04-CFD-TSU-FRM-001-00



# GENERAL EXPENSE CLAIM FORM

NR BR Name : Dawei

Department Name : Admin

No.	Date	Name	Description	Amount	Remark
1.	9-May-2025	Pye Phyo Aung	Employee's Drinking Water (6.5-25)	4500	1 PC x 1500
			Employee's Drinking Water (8.5-25)	1500	1 PC x 1500
			Pagoda Flower (9.5-25)	1800	
Total Amount				7800	

Requested by  
 Sign :   
 Name : Pye Phyo Aung  
 (Requester)

Approved by  
  
 Dawei Ni Wanda Aye.  
 (Department Head)

Checked by  
  
 May Zin Aung  
 (Related FNA/Corp FNA)

Approved by  
  
 Dawei  
 (OM/MGM/MR/BOH/BOH)

Approved by  
  
 Pying Soe Linn  
 (ACOO/COO/ID/NCM)

04-CFD-TSU-FRM-001-00