

CLAIM REQUEST FORM

Requestor Name : Phyu Phyu Win(5)	Budget Type : Include Budget
Department Name:	Payment Type : Claim Payment
Request Date : 2025-04-22	Prepared By : CE4 Budget Requestor
Payment Voucher : EX-CE4-2025-04-00037	Superior Approved : CE4_ServiceDH
No	By
Payment Method : Cash/Bank	Last Approved By : CE4_ServiceDH
Payment Amount : 30000.0	
Currency : MMK	
Exchange Rate : 4,460.0	

No.	Description	Department	Request Amount	Remark
1	For operator charges E680F#606058 Ko Zaw Ye Naing (09-444040212)	Service Department(CE4)	30,000.00	unloading in MDY from Lashio.

Expense Total 30,000.00 K
Additional/Refund

Note:

<p>Superior Check By</p> <p>Name : <u>Aung Ko Min</u></p> <p>NRC No :</p> <p>Date :</p> <p>Remark :</p>	<p style="text-align: center;">E&A</p> <p>Name : <u>Moh Moh Khin</u></p> <p>NRC No :</p> <p>Date : <u>22-4-25</u></p> <p>Remark :</p>	<p style="text-align: center;">GM/AGM</p> <p>Name : <u>Min The Ya</u></p> <p>NRC No :</p> <p>Date :</p> <p>Remark :</p>	<p style="text-align: center;">COO</p> <p>Name : <u>Aye Min Htoon</u></p> <p>NRC No :</p> <p>Date :</p> <p>Remark :</p> <p style="text-align: right; font-size: small;">23/04/2025 Amitean</p>
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Phyu Phyu Win

GENERAL EXPENSE CLAIM FORM



Company Name

: Win Strategic

Department Name

: Service

No.	Date	Name	Description	Amount	Remark
1.	7.4.2025	Aung ko Min	operator changes	300001-	Unloading in MDT
			E680P # 606058		Rem lash hrs
			ko Zaw ke Nyaing		
			09-444040212		
Total Amount				300001-	

Requested by

[Signature]

Approved by

[Signature]
AWD

Checked by

[Signature]

Approved by

[Signature]

Approved by

[Signature]
23/04/2025
A Min

Name :

Aung ko Min
(Requester)

Aung ko Min
(Department Head)

Moh Moh Khing
(Related FNA/Corp FNA)

Min Thu Ta
(OMI/AGM/GM)

Aye Min Htoon
(ACBO/COO/MD/VCN)