



CLAIM REQUEST FORM

Requestor Name : Phyu Phyu Win(5)	Budget Type : Include Budget
Department Name:	Payment Type : Claim Payment
Request Date : 2025-07-08	Prepared By : CE4 Budget Requestor
Payment Voucher : EX-CE4-2025-07-00003	Superior Approved : CE4_ServiceDH
No	By
Payment Method : Cash/Bank	Last Approved By : CE4_ServiceDH
Payment Amount : 245000.0	
Currency : MMK	
Exchange Rate : 4,510.0	

No.	Description	Department	Request Amount	Remark
1	For E680F#606167 Alternator repair charges	Service Department(CE4)	245,000.00	

Expense Total 245,000.00 K
Additional/Refund

Note:

<p style="text-align: center;"><i>[Signature]</i></p> <p style="text-align: center;">Superior Check By</p> <p>Name : <i>Aung Ko Min</i></p> <p>NRC No :</p> <p>Date :</p> <p>Remark :</p>	<p style="text-align: center;"><i>[Signature]</i> 10/7/25</p> <p style="text-align: center;">F&A</p> <p>Name : <i>Seaw Nyan Hlaing</i></p> <p>NRC No :</p> <p>Date :</p> <p>Remark :</p>	<p style="text-align: center;"><i>[Signature]</i></p> <p style="text-align: center;">GM/AGM</p> <p>Name : <i>Pin Thee Ka</i></p> <p>NRC No :</p> <p>Date :</p> <p>Remark :</p>	<p style="text-align: center;"><i>[Signature]</i> 10/07/2025</p> <p style="text-align: center;">COO</p> <p>Name : <i>Aye Min Hoon</i></p> <p>NRC No :</p> <p>Date :</p> <p>Remark :</p>
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[Signature]
Phyu Phyu Win

