

Company



ADVANCE REQUEST FORM

Requestor Name : Zin Zin Oo	Budget Type : Include Budget
Department Name :	Payment Type : Advance Payment
Payment Date :	Advance Due Date : 03/01/2025
Payment Voucher : ADV-REN-2025-02-00022	Prepared By : REN Budget Requestor ✓
No	Superior Approved : REN S&MDH ✓
Payment Method : Cash/Bank ✓	By : ✓
Payment Amount : 300000.0 ✓	Last Approved By : REN S&MDH ✓
Currency : MMK ✓	
Exchange Rate : 4,600.0	

No.	Description	Department	Request Amount	Remark
1	Advance request for ASM TA charges. PIC - Tint Lwin Oo First Week - Bago/Nyaung Lay Pin Second Week - Nay Pyi Taw Third and Final Week - Taungoo or Myitkyinar Total Amount MMK 300,000/-	Sales and Marketing Department(RE)	300,000.00	Advance Request

Expense Total 300,000.00 K
Amount Remain 300,000.00 K

Note: _____

<p>Superior Check By Name : <u>Aung Myat Thu</u> NRC No : <u>12/TGK(N)160903</u> Date : <u>5.02.2025</u> Remark : _____</p>	<p>F&A Name : <u>Nway Nway</u> NRC No : <u>9/NHK(N)169305</u> Date : <u>5.02.2025</u> Remark : _____ <i>Nway 5.2.25</i></p>	<p>GM/AGM Name : <u>Phyo Thu</u> NRC No : <u>9/KAZ(N)002364</u> Date : <u>5.02.2025</u> Remark : _____ <i>Phyo 212</i></p>	<p>COO Name : <u>Zaw Min Myat</u> NRC No : <u>12/MYK(N)114411</u> Date : <u>5.02.2025</u> Remark : _____ <i>07/02/2025</i> U Aye Min Htoon VCM</p>
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ASM ASSIGN LOCATION ZONE (1.10.2024~31.03.2025)

NO	ASM	BRANCH NAME	STATE/DIVISION NAME	SITTAL BRANCH
1	San Naing Lin	Mandalay	Mandalay Division	Mandalay
		Nyaung U		
		Taunggyi	Shan State	
		Tarchileik		
2	Tint Lwin Oo	Meikhtila	Mandalay Division	Meikhtila
		Nay Pyi Taw		
		Taungoo	Bago Division	
		Nyaung Lay Pin		
		Pharkant	Kachin State	
		Myitkyina		
3	Arkar Kyaw	Pathein	Ayarwaddy Division	Yangon Division
		Gyobinkauk/Pyay	Bago Division	
		Hlaing Tharyar/South Dagon/Yangon	Yangon Division	

Prepared By



Zin Zin Oo

Admin

Acknowledge By



Aung Myat Thu

DH

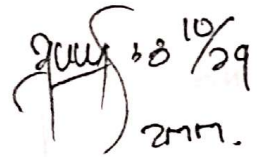
Acknowledge By



Phyo Thu

AGM

Approved By



Zaw Min Mayt

ACOO