

Phone:
 Fax:
 Tax ID:

EXPENSE CLAIM VOUCHER

Number	: COP-PV-24080026
Date	: 2024-08-14
Payment Subtype	: claim
To	: Nan Tin Wai Hlaing [COP-EM-0135]

Account	Currency	Status
Cash On Hand - MMK-COP	Myanmar Kyat	posted

Memo
 Cash Claim for Operator Charges for ME220 -SH0094 loading form MDY Industrial Yard to COP(CE2) from service department (MMK-30,000/-)

Purchase	Reference	Account Reference	Amount
Remarks:		Subtotal:	30,000.00
		Payment Amount:	30,000.00

Date : 14.8.2024 Name/NRC No : Nan Tin Wai Hlaing Signature : [Signature]
311179

Date : 2.8.2024

 BU/BR/Division : CE.S

 Department : service

 Issue Amount : 30,000/0 Kyats/ ✓ USD

 Budget include (or) Not :




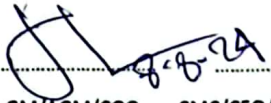
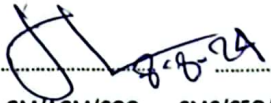
 Yes Budgeted Title and Amount : operator charges for ME-220, 380094
 No Reasons for :

Required For:

loading and loading from rudy Industrial yard to COP (CEE) ME.220 - 380094

မှတ်ချက်:

(၁) အဆင့်ဆင့်သက်ဆိုင်ရာတာဝန်ရှိလူကြီးမင်းများအားလုံး သေချာစွာစစ်ဆေးစစ်ဆေးတွက်ချက်ပြီးထားသော 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	Checked By	Checked By	Approved By	Approved By
				
Requester	Mgr/DK	Finance & Account	GM/AGM/COO	CMC/CEO/Chairwoman
<u>Nan Tin Wai Hlaing</u>	<u>Sai Nan Ko</u>	<u>Tinzar Hlaing</u>	<u>Ang Thu Win</u>	

04-CFD-CAS-FRM-005-03

9/9/24 ✓
2M7.

OPERATOR CHARGES

Operator Name : Ko Aung kyaw (121mam) (၉၉)

Date : 1.8.2024

Post : 09 - 686553432 079224

Saleman :


Business Unit : U Min Zaw, 9 / Saka Na (N) 011230, 09691450613

No	Customer	Model	Serial No	Amount	Time		Remark
					Start	Finish	
1	CE.S	ME220	SH0094	15000 ✓	9:00 Am	10:00 Am	loading Mdy industrial
2	CE.S	ME220	SH0094	15000 ✓	1:00 Pm	3:00 Pm	un loading COP (1.8.2024)
Grand Total							

Prepared By

Acknowledged By

Approved By

Sign : 
Name : Nan Tin Wai Hlaing

Sign : 
Name : Tint San Co / Sai Non Ko

Sign : 
Name : Aung Thee Win

02-COP-SRV-FRM-040-00

GENERAL EXPENSE CLAIM FORM

Company Name : COP
 Department Name : Service

No.	Date	Name	Description	Amount	Remark
1	30.7.2024	SH0094	loading Mandalay Industrial yard	15000	ME.220
2	1.8.2024	SH0094	unloading COP yard	15000	SH0094
Total Amount				30000/-	✓

Requested by: *[Signature]* Approved by: *[Signature]* Checked by: *[Signature]* Approved by: *[Signature]* Approved by: *[Signature]*

Sign: *My*

Name: *Nan Tin Wai Hing Tut San O* (Requester) *Tin Tin Hing* (Department Head) *Aung Hwe Win* (Related FNA/Corp FNA) *[Signature]* (OM/AGM/GM) *[Signature]* (ACOO/COO/MD/VCN)

02-COP-FNA-FRM-001-01

Remarks:	Subtotal:	30,000.00
	Payment Amount:	30,000.00

Date : 19.8.2024 Name/NRC No : 7/Hpakthana (A1) Signature : [Signature]

Nan Tin Wai Hing