



UMG

Branch

No.49/A, Kyat Sâi, yin Quarter, Dawei Tsp, Tanintharyi Division, Dawei

Tel :

Fax:

PAYMENT VOUCHER

Voucher No. :DWI-PV-2025-05-0018

Cashier :

Voucher Date :2025-05-07

To :

Currency :MMK

Applicant	Adm. Manager	GM
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No	Description	Purpose	Subtotal
1	PAYMENT FOR DAWEI BRANCH OFFICE USED HOTLINE PHONE LINE REPAIR CHARGES TOTAL AMT-5,000 MMK.		

Total 5,000.00

Total in Words : _____

Note : PAYMENT FOR DAWEI BRANCH OFFICE USED HOTLINE PHONE LINE REPAIR CHARGES TOTAL AMT-5,000 MMK.

Date : 7. May. 2025 Name/NRC No : Naw N. Nandar Aye Signature : _____

Date : 7. May. 2025

BU/BR/Division : Davao

Department : Admin

Issue Amount : 5000 Kyats/ USD

Budget include (or) Not :

Yes Budgeted Title and Amount :

No Reasons for :

Required For: Davao Branch Office used hotline phone line repair service charge
Total Amt - 5000 MMk.

မှတ်ချက်။

(၁) အဆင့်ဆင့်သက်ဆိုင်ရာတာဝန်ရှိလူကြီးမင်းများအားလုံး သေချာစွာစုံစမ်းစစ်ဆေးတွက်ချက်ပြီးထားသော 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

[Signature]
New Ni Nance Arge
Requester

Checked By

[Signature]
New Ni Nance Arge
Mgr/DH

Checked By

[Signature]
May Zin Ang
Finance & Account

Approved By

[Signature]
7.5.2025
GM/AGM/COO CMC/CEO/Chairwoman

Approved By

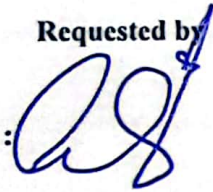
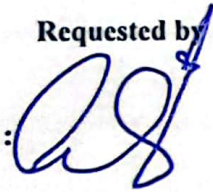


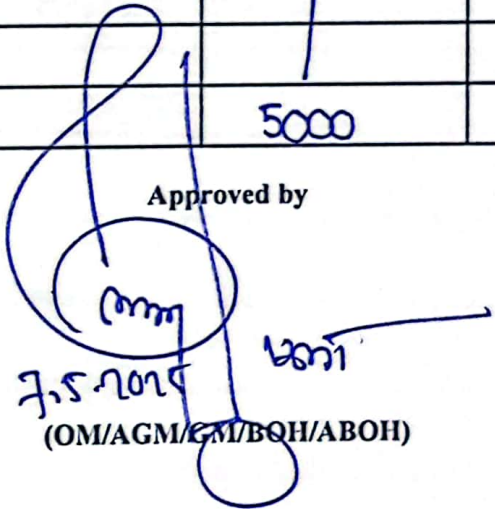



GENERAL EXPENSE CLAIM FORM

BR Name : Dawei

Department Name : Admin

No.	Date	Name	Description	Amount	Remark
1 -	7 May 25	Kaw Ni Nandar Aye	Office used hotline phone line repair for service charges	5000	059-23007 059-24070
Total Amount				5000	

Requested by: 
 Sign : 
 Name : Daw Ni Nandar Aye (Requester)
 Approved by: 
 Name : Kaw Ni Nandar Aye (Department Head)
 Checked by: 
 Name : May Zin Aye (Related FNA/Corp FNA)
 Approved by: 
 Name : (OM/AGM/CM/BOH/ABOH)
 Approved by: 
 Name : (ACOO/COO/MD/VCM)





GENERAL EXPENSE CLAIM FORM

DIV/BR Name : Office

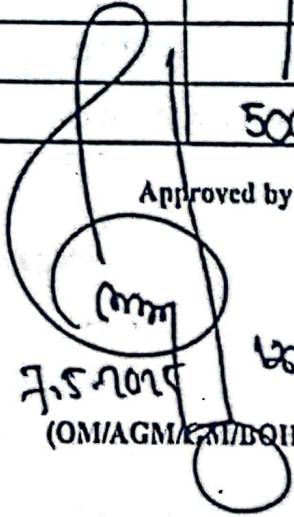
Department Name : Admin


No.	Date	Name	Description	Amount	Remark
1	7 May 25	Kaw Ni Zin Ang	Office used hotline Phon. line repair for service charges	5000	059-23007 059-24070
Total Amount				5000	

Requested by
 Sign : 
 Name : Kaw Ni Zin Ang
 (Requester)

Approved by
 Sign : 
 Name : Kaw Ni Zin Ang
 (Department Head)

Checked by
 Sign : 
 Name : May Zin Ang
 (Related FNA/Corp FNA)

Approved by
 Sign : 
 Name : 7.5.2025
 (OM/AGM/ADM/BOH/ABOH)

Approved by
 Sign : 
 Name : Pang See Lynn
 (ACOO/COO/MD/VCN)