



CASH CLAIM FORM

Date : 10.10.2024

BU/BR/Division : Mawlamyine

Department : Administration



Mawlamyaing Branch
No.93, Zay Kyo Quarter, Mawlamyine Tsp, Mon State.Mawlamyine
Tel :
Fax:

PAYMENT VOUCHER

Voucher No. : MLM-PV-2024-10-0013

Cashier :

Voucher Date : 2024-10-10

To :

Currency : MMK

Applicant Adm. Manager GM

No	Description	Purpose	Subtotal
1	PAYMENT FOR FUEL CHG MMK - 15000/-, MISCELLANEOUS CHG MMK - 33000/-, OFFICE SUPPLY MMK - 40,000/-, TOTAL MMK - 88,000/-	Admin - Car Fuel Expenses-MLM	15000.00
2	PAYMENT FOR FUEL CHG MMK - 15000/-, MISCELLANEOUS CHG MMK - 33000/-, OFFICE SUPPLY MMK - 40,000/-, TOTAL MMK - 88,000/-	Admin - Miscellaneous Expenses-MLM	33000.00
3	PAYMENT FOR FUEL CHG MMK - 15000/-, MISCELLANEOUS CHG MMK - 33000/-, OFFICE SUPPLY MMK - 40,000/-, TOTAL MMK - 88,000/-	Admin - Office Supplies Expenses-MLM	40000.00

Total 88,000.00

Total in Words : _____

Note : PAYMENT FOR FUEL CHG MMK - 15000/-, MISCELLANEOUS CHG MMK - 33000/-, OFFICE SUPPLY MMK - 40,000/-, TOTAL MMK - 88,000/-

Date : _____ Name/NRC No : Hnin Paint Wai Signature : CW

04-CFD-CAS-FRM-005-03

CASH CLAIM FORM

Date : 10.10.2024

BU/BR/Division : Mawlamyine

Department : Administration

Issue Amount : 88,000 Kyats/ USD

မန်နေဂျာ: ဤစာတမ်းကို ဖြစ်စေရန်

Budget include (or) Not : ၅၆

Yes Budgeted Title and Amount :

No Reasons for :

Required For:

Fuel chgs - 15000
 Miscellaneous chg - 33000
 Office Supplies - 4,0000
 Total 88,000

မှတ်ချက်။

(၁) အဆင့်ဆင့်သက်ဆိုင်ရာတာဝန်ရှိသူကြီးမင်းများအားလုံး 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


 Hnin Pawint Wai
 Requester

Checked By


 Myo Hlike Aung
 Mgr/DH

Checked By


 Hnin Pawint Wai
 Finance & Account

Approved By


 Myo Hlike Aung
 GM/AGM/COO

Approved By

.....
 CMC/CEO/Chairwoman



GENERAL EXPENSE CLAIM FORM

Name : Mawlamyine

Department Name : Administration

Date	Name	Description	Amount	Remark
9.10.2024	Hnin Pawint Wai	အမှတ်အမှတ်:	6000/-	
10.10.2024	"	Hostel chgs	4,0000/-	
Oct '2024	Hkun Myant	Dog Food	2,7000/-	
Total Amount			73,000/-	

Requested by

Approved by

Checked by

Approved by

Approved by

Sign :

Name : Hnin Pawint Wai
(Requester)

Myo Hlike Aung
(Department Head)

Hnin Pawint Wai
(Related FNA/Corp FNA)

Myo Hlike Aung
(OM/AGM/GM/BOH/ABOH)

(ACOO/COO/MD/VCM)

04-CFD-TSU-FRM-001-00

