



No. 592, Bo Aung Kyaw street, Yangon~Patheingyi Highway Road, Hlaing Thar Yar Tsp, Yangon.
Tel: (95-1) 645 178~182, 685 199 Fax : (95-1) 645 211

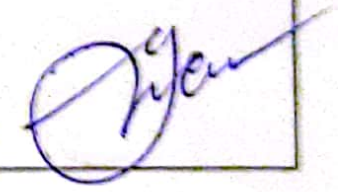
PAYMENT VOUCHER

Payment Voucher No. : **89924**
Date : **29. May. 2024**

Applicant	Adm. Manager	GM

Purpose		Remarks
Pay to	Claim	Claim for General Expense For drinking water - 12,000-Ks
Amount	Nyein Ei Ei Khaing	
Mode of Payment	12,000/-	
For Account Use		

Received the sum of
being payment of the above

Date : **29. May. 24** Name/NRC No. : **Nyein Ei Ei Khaing** Signature : 

Date : 28.5.24

BU/BR/Division : RE Bce

Department : Administration

Issue Amount : 12000 Kyats/ USD

Budget include (or) Not :

Yes Budgeted Title and Amount :

No Reasons for :

Required For:

General Expense for drinking Water.

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]

Nyein Ei Ei Khaing

Requester

Checked By

[Signature]

Nyein Ei Ei Khaing

Mgr/DH

Checked By

[Signature]

Nung Nung

Finance & Account

Approved By

[Signature]

Phyo Thee

GM/AGM/COO

Approved By

CMC/CEO/Chairwoman

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၂၀၂၄

CASH SALES

Winning Way

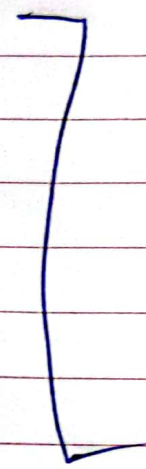
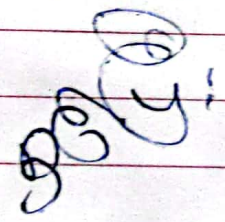
Date: 28.5.24
Tel: _____

EXPENSE CLAIM FORM

အမျိုးအမည် Particulars	ပမာဏ Qty	နှုန်း Unit Price	သင့်ငွေ Amount
1 ခွက်ဆန်ကြော်	15	800	12000

Moe. k

09-400034270



Category (Customer (Or) Operation)	Cost (MMK)
	12000
	12000

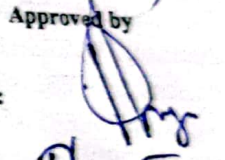
Account by

Approved by

Account by
Winning Way

Sign :

Name :



Name : Phyo Thee
(OM/AGM/GM)

Signature : 

Total 12000

GENERAL EXPENSE CLAIM FORM

BU/BR/DIV Name : RE BC
 Department Name : Administration

No.	Date	PIC Name	Description	Category (Customer (Or) Operation)	Cost (MMK)	Remark
1.	28.5.24	Nyein E ² khay	၆၇၀၀၀		12000	
Total General Expense					12000	

Requested by	Approved by	Checked by	Approved by	Approved by
Sign :	Sign :	Sign :	Sign :	Sign :
Name : Nyein E ² khay (Requester)	Name : Nyein E ² khay (Department Head)	Name : Nway Nway (Finance & Account)	Name : Phyo Thee (OM/AGM/GM)	Name : Zaw Min Myat (ACOO/COO/MD/VCM)