

## CLAIM PAYMENT FORM

Requestor Name : Moe Thazin	Budget Type : Include Budget
Department Name :	Payment Type : Claim Payment
Payment Date : 2025-04-04	Prepared By : COP Budget Data Entry
Payment Voucher : EX-COP-2025-03-00041	Superior Approved : F&A Manager COP
No	By
Payment Method : Cash/Bank	Last Approved By : CFD Cashier
Payment Amount : 96000.0	
Currency : MMK	
Exchange Rate : 4,440.0	

No.	Description	Department	Paid Amount	Remark
1	CE-2 Security OT(Replacement OT. Myanmar Armed Forces Day)..	Administration Department(COP)	96.000.00	

Expense Total                      96.000.00 K  
Additional/Refund

Note: \_\_\_\_\_

Paid \_\_\_\_\_

Description: \_\_\_\_\_

*Hlaing*

Paid By  
Name : Su Su Hlaing  
NRC No : 911awawacw258879  
Date : 04.04.25

*Received*

Received By  
Name : Hein Het Zaw  
NRC No : 12/kamaya(062031  
Date : 4.4.25

No. 152 Hlaingtharya Industrial Zone (4)  
Min Gyi Mahar Min Street, Hlaingtharya, Yangon

## CLAIM REQUEST FORM

Requestor Name : Moe Thazin  
 Department Name:  
 Request Date : 2025-03-31  
 Payment Voucher : EX-COP-2025-03-00041  
 No  
 Payment Method : Cash/Bank  
 Payment Amount : 96000.0  
 Currency : MMK  
 Exchange Rate : 4,450.0

Budget Type : Include Budget  
 Payment Type : Claim Payment  
 Prepared By : COP\_BudgetDataEntry  
 Superior Approved : F&A Manager COP  
 By  
 Last Approved By : COP\_BudgetDataEntry

No.	Description	Department	Request Amount	Remark
1	CE-2 Security OT(Replacement OT, Myanmar Armed Forces Day)..	Administration Department(COP)	96,000.00	

Expense Total  
 Additional/Refund

96,000.00 K

Note: .....

<p style="text-align: center;"><i>Signature</i> 31/3/25</p> <p>Superior Check By</p> <p>Name : <i>E. E. N. N. N.</i>                  NRC No : <i>412620254</i>                  Date : <i>31-3-25</i>                  Remark : .....</p>	<p style="text-align: center;"><i>Signature</i> 31/3/2025</p> <p>F&amp;A</p> <p>Name : <i>Tenzar Hlaing</i>                  NRC No : .....                  Date : .....                  Remark : .....</p>	<p style="text-align: center;"><i>Signature</i></p> <p>GM/AGM</p> <p>Name : <i>R. R. R.</i>                  NRC No : .....                  Date : .....                  Remark : .....</p>	<p style="text-align: center;"><i>Signature</i> 01/04/2025</p> <p>COO</p> <p>Name : <i>Amintan</i>                  NRC No : .....                  Date : .....                  Remark : .....</p>
--	---	---	--

UMG

# OVERTIME REQUEST FORM

BR/DIV Name : (CECR)

Department Name : GA

Reason for Overtime : 2000 ဝိုင်း ဝါးစင်

No.	Date	Name	Position Level	Time		Hours	Amount	Remark
				From	To			
1	17.3.25	ဦးစွန်း		17:00	07:00		8000	2000 ဝိုင်း ဝါးစင်
2	18.3.25	သန်းစိန်		07:00	17:00		8000	- -
3	19.3.25	စောလင်းအောင်		17:00	07:00		8000	- -
4	21.3.25	သန်းစိန်		07:00	17:00		8000	- -
5	22.3.25	သန်းစိန်		07:00	17:00		8000	- -
6	24.3.25	စွန်းစိန်		17:00	07:00		8000	- -
7	25.3.25	စောလင်းအောင်		17:00	07:00		8000	- -
8	27.3.25	သန်းစိန်		07:00	17:00		8000	- -
9	28.3.25	သန်းစိန်		07:00	17:00		8000	- -
Total Hours							72000	
Total Amount							72000	

Requested by

Sign :

Name : ဦးစွန်းစိန်

(Requestor)

Approved by

(DH)

Now Minin

Approved by

(GM/AGM/COO)

Checked by

(HR)

Now Minin

05-CHL-HRM-FRM-020-05


# OVERTIME REQUEST FORM


Employee Name : CECRD

Department Name : GA


Reason for Overtime : වාණිජ භාණ්ඩයක්, ජීවිතයේ වේ වැඩ

No.	Date	Name	Position Level	Time		Hours	Amount	Remark	
				From	To				
1	27.3.25	ප්‍රියන්තිකා		07:00	17:00		8000	වාණිජ භාණ්ඩය.	
2	27.3.25	සුමනිකා		17:00	07:00		8000	- - -	
3	27.3.25	මහලක්ෂි		17:00	07:00		8000	- - -	
							<b>Total Hours</b>		
							<b>Total Amount</b>	24000/	✓

**Requested by**  
 Sign :   
 Name : ප්‍රියන්තිකා  
 (Requestor)

**Approved by**  
  
 (DH)  
 Mee Mee

**Approved by**  
  
 (GM/AGM/COO)

**Checked by**  
  
 (HR) Mee Mee

05-CHL-HRM-FRM-020-05