



No.49/A, Kyat Sar Pyin Auarter, Dawei Tsp, Tanintharyi Division.Dawei
Tel :
Fax:

ADVANCE CLEARING

Voucher No. : DWI-AC-2025-06-0012

To : Naw Ni Nandar Aye

Voucher Date : 2025-06-24

Advance No : DWI-ADV-2025-06-0011

Currency : MMK Rate : 0.00021978

Payment Method	Status
Cash On Hand - MMK - DWI	posted

No.	Description	Track - 1	Track - 2	Amount
1	ADVANCE CLEANING FOR DAWEI BRANCH OFFICE AREA THE CHOPPING OF TREES AND SURGAGE TO TO THE TRASH DELIVERY CHARGES TOTAL AMT-100,000 MMK .			100000.00

Advance Total :	100000.00
Expense Total :	100000.00
Refund / Collect :	0.00

Note : ADVANCE CLEANING FOR DAWEI BRANCH OFFICE AREA THE CHOPPING OF TREES AND SURGAGE TO TO THE TRASH DELIVERY CHARGES TOTAL AMT-100,000 MMK .

Date : 24 June 2025

Name/NRC No : Naw Ni Nandar Aye

Signature : 



CASH ADVANCE CLEAR FORM

Date : 24 June 2025

BU/BR/Division : Dawei

Department : Admin

Advance Issue : 100,000/ Kyats/ _____ USD

No	Issue Time	Date	Payment Voucher No	Amount		Descriptions
				USD	Kyats	
1	1 st Time Advance	20-6-25	DWI-ADV-2025		100,000	Cleaning Trees Falling
2	2 nd Time Advance		06-0011			in front of the office
3	3 rd Time Advance					& Frague to the
Total Advance					100,000	Trash pond Delivery
Total Actual					100,000	Charges
Balance Refund/Additional					-	Admin Deptj

Request By

Naw Ni Dander Aye
 Requester

Checked By

Naw Ni Dander Aye
 Mgr/DH

Checked By

May Zin Aung
 Finance & Account

Approved By

Comm 12051
 GM/ADM/7000
 24.6.2025

Approved By

 CMC
 04-CFD-CAS-FRM-002-03



GENERAL EXPENSE CLAIM FORM

BR Name : *Dawee*

Department Name : *Admin*

No.	Date	Name	Description	Amount	Remark
1.	<i>24.6.2028</i>	<i>Naw Ni Nandor Aye.</i>	<i>ရုံးကြီးသစ် ဖန် များ ၂၀၀ ခု</i>	<i>50000</i>	<i>ရုံးကြီးသစ် ဖန် များ ၂၀၀ ခု</i>
			<i>သစ် ဝန် များ ၁၀၀ ခု</i>	<i>50000</i>	
Total Amount				<i>100000</i>	

Requested by
 Sign : *[Signature]*
 Name : *[Signature]*
 (Requester)

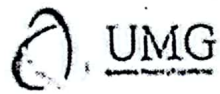
Approved by
[Signature]
Naw Ni Nandor Aye.
 (Department Head)

Checked by
Mayrang
May Zin Aung
 (Related FNA/Corp FNA)

Approved by
[Signature]
24.6.2028
 (OM/AGM/GM/BOH/ABOH)

Approved by
 (ACOO/COO/MD/VCM)

04-CFD-TSU-FRM-001-00



GENERAL EXPENSE CLAIM FORM

Officer Name : *Dawee*

Department Name : *Account*

No.	Date	Name	Description	Amount	Remark
1.	<i>၀၅.၀၆.၂၀၂၃</i>	<i>သခင်အောင်</i>	<i>ရုံးခရီးသွားစရိတ်</i>	<i>50000</i>	<i>ရုံးခရီးသွားစရိတ်</i>
			<i>သစ်ဆန်များ</i>	<i>50000</i>	
Total Amount				<i>100000</i>	

Requested by
 Sign : *[Signature]*
 Name : *[Signature]*
 (Requester)

Approved by
[Signature]
သခင်အောင်
 (Department Head)

Checked by
Mayrang
May Zin Aung
 (Related FNA/Corp FNA)

Approved by
[Signature]
ကျော်
 (OM/AGM/GM/BOH/HBOH)
24.6.2023
[Signature]

Approved by
[Signature]
Paing Sao Lynn
 (ACOO/COO/ID/VCN)
 04-CFD-TSU-FRM-001-00