



No. 592, 3rd Floor,  
Bo Aung Kyaw Street, Yangon-Pathein Highway Road, Hlaingtharya, Yangon



## CLAIM REQUEST FORM

Requestor Name : Phyu Phyu Win(5)	Budget Type : Include Budget
Department Name:	Payment Type : Claim Payment
Request Date : 2025-04-05	Prepared By : CE1_BudgetDataEntry
Payment Voucher : EX-CE1-2025-04-00010	Superior Approved : CE1_ServiceDH
No	By
Payment Method : Cash/Bank	Last Approved By : CE1_ServiceDH
Payment Amount : 15000.0	
Currency : MMK	
Exchange Rate : 4,460.0	

No.	Description	Department	Request Amount	Remark
1	For operator charges, Customer - Chan Myae Thu (EC210DL#231850), operator - U Min Zaw (09-261576007)	Service(CE1)	15,000.00	

Expense Total                      15,000.00 K  
Additional/Refund

Note: .....

<p>Superior Check By</p> <p></p> <p>Name : <u>Aung Ko Min</u></p> <p>NRC No : .....</p> <p>Date : .....</p> <p>Remark : .....</p>	<p>F&amp;A</p> <p></p> <p>Name : <u>Moh Moh Khing</u></p> <p>NRC No : .....</p> <p>Date : <u>8.4.25</u></p> <p>Remark : .....</p>	<p>GM/AGM</p> <p></p> <p>Name : <u>Min Thu Ya</u></p> <p>NRC No : .....</p> <p>Date : .....</p> <p>Remark : .....</p>	<p>COO</p> <p></p> <p>Name : <u>Aye Min Htoon</u></p> <p>NRC No : .....</p> <p>Date : <u>09/04/2025</u></p> <p>Remark : .....</p>
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Phyu Phyu Win

# GENERAL EXPENSE CLAIM FORM



Company Name : **Win Strategic**

Department Name : **Service**

No.	Date	Name	Description	Amount	Remark
1.	31.3.2025	May Lin Nying	For Operator charges Customer - Chan Pyge Htun EC2100L # 231850	15,000/-	
			Operator - U Min Zaw 09-261576007		
<b>Total Amount</b>				<b>15,000/-</b>	

Sign : *[Signature]* Requested by *[Signature]* Approved by *[Signature]* Checked by *[Signature]* Approved by *[Signature]* Approved by *[Signature]*

Name : **Phay Phaylatin** (Requested)  
**Aung ko Min** (Department Head)  
**Moh Moh Khayng** (Related FNA/Corp FNA)  
**Min Thu Ya** (OMI/AGM/GM)  
**Aye Win Htun** (ACOO/COO/MD/VCMI)