



No.49/A, Kyat Sà : yin Quarter, Dawei Tsp, Tanintharyi Division.Dawei
Tel :
Fax:

PAYMENT VOUCHER

Voucher No. :DWI-PV-2025-05-0008

Cashier :

Voucher Date :2025-05-02

To :

Currency :MMK


Applicant Adm. Manager GM

No	Description	Purpose	Subtotal
1	PAYMENT FOR DAWEI BRANCH YGN-DWI DELIVERY FOR CUSTOMER U MYO MIN HTUN INVENTER 1 PCS & ACCESSORY 1 PCS (HIGHWAY-DWI OFFICE) TOTAL AMT-5000 MMK.		

Total 5,000.00

Total in Words : _____

Note : PAYMENT FOR DAWEI BRANCH YGN-DWI DELIVERY FOR CUSTOMER U MYO MIN HTUN INVENTER 1 PCS & ACCESSORY 1 PCS (HIGHWAY-DWI OFFICE) TOTAL AMT-5000 MMK.

Date : 2. May .2025 Name/NRC No : Naz Ni Nardax Aye Signature : 

Date : 2. May 2021

BU/BR/Division : Dawei

Department : SALE

Issue Amount : 5000 Kyats/.....USD

Budget include (or) Not :

Yes Budgeted Title and Amount :

No Reasons for :

Required For:
Dawei Branch Yangon - Dawei Delivery for customer - U ngyo Min Khan
Inventor - 1pc & Accessory - 1pc.
(Highway - Dawi Office) ဝယ်ကုန် - 5000 MMK

မှတ်ချက်။
 (၁) အဆင့်ဆင့်သက်ဆိုင်ရာတာဝန်ရှိသူကြီးမင်းများအားလုံး သေချာစွာစစ်ဆေး၊ တွက်ချက်ပြီးထားသော 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


 Dawei Branch Mgr
 Requester

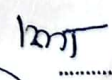
Checked By

 Dawei Branch Mgr
 Mgr/DH

Checked By

 May Zin Aung
 Finance & Account

Approved By

 2.5.21
 GM/AGM/COO

Approved By

 CMC/CEO/Chairwoman



GENERAL EXPENSE CLAIM FORM

BR Name : *Dawe*

Department Name : *Sale Department*

No.	Date	Name	Description	Amount	Remark
1.	<i>20 May 2021</i>	<i>New Ni Nandar Mx.</i>	<i>Highway Gate - Dawe Office Delivery Charges.</i>	<i>5000</i>	<i>For Customer U myo min Htwe Tower - 1pc</i>
Total Amount					

Requested by: *[Signature]*
 Sign : *[Signature]*
 Name : *New Ni Nandar Mx.* (Requester)

Approved by: *[Signature]*
 Name : *New Ni Nandar Mx.* (Department Head)

Checked by: *Myint Aung*
 Name : *Myint Aung* (Related FNA/Corp FNA)

Approved by: *[Signature]*
 Name : *[Signature]* (OM/AGM/GM/BOH/ABOH)

Approved by: _____
 Name : _____ (ACOO/COO/MD/VCM)

04-CFD-TSU-FRM-001-00