

CLAIM REQUEST FORM

Requestor Name : Phyu Phyu Win(5)	Budget Type : Include Budget
Department Name:	Payment Type : Claim Payment
Request Date : 2025-05-26	Prepared By : CE1_BudgetDataEntry
Payment Voucher : EX-CE1-2025-05-00014	Superior Approved : CE1_ServiceDH
No	By
Payment Method : Cash/Bank	Last Approved By : CE1_ServiceDH
Payment Amount : 150000.0	
Currency : MMK	
Exchange Rate : 4,440.0	

No.	Description	Department	Request Amount	Remark
1	For EC210DL#231847 (1000 HRS) service charges Customer - Daw Nan Shwe Lu, Location - Mine Shue, Service - Ko Ye Wint Soe, 09- 420660977	Service(CE1)	150,000.00	

Expense Total 150,000.00 K
Additional/Refund

Note:

<p>Superior Check By</p> <p><i>[Signature]</i></p> <p>Name : <u>Aung Ka Min</u></p> <p>NRC No :</p> <p>Date :</p> <p>Remark :</p>	<p>F&A</p> <p><i>[Signature]</i></p> <p>Name : <u>Sae Non Hing</u></p> <p>NRC No : <u>၂၅၀၀၀၀၀၀၀၀၀၀၀၀</u></p> <p>Date : <u>26.5.25</u></p> <p>Remark :</p>	<p>GM/AGM</p> <p><i>[Signature]</i></p> <p>Name : <u>Min Thu Ya</u></p> <p>NRC No :</p> <p>Date :</p> <p>Remark :</p>	<p>CGO</p> <p><i>[Signature]</i></p> <p>Name :</p> <p>NRC No :</p> <p>Date :</p> <p>Remark :</p>
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[Signature]


Phyu Phyu Win

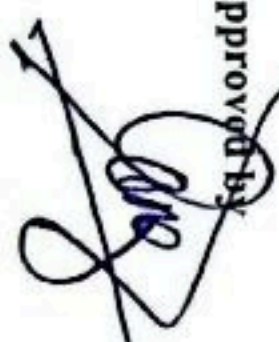
GENERAL EXPENSE CLAIM FORM





Company Name : **Wln Strategic**
 Department Name : **Service**


No.	Date	Name	Description	Amount	Remark
1.	26.5.2025	Aeng ko Pin	EC2100L# 281847 C1000 hrs service charges Customer - Dae Nlan Sharels Location - Pin Share Service - Ye Wint Soe 09-4906609777	1500001.-	
Total Amount				1500001	

Requested by:  **Aeng ko Pin**
 (Requester)

Approved by:  **Aeng ko Pin**
 (Department Head)

Checked by:  **SKH**
 20/5/25
 (Related FNA/Corp FNA)

Approved by:  **Wln**
 Min Thu Ya
 (OM/AGM/GM)

Approved by:  **Wln**
 20/5/25
 (ACCO/COO/MD/VCMD)