

CLAIM PAYMENT FORM

Requestor Name : Moe Thazin	Budget Type : Include Budget
Department Name :	Payment Type : Claim Payment
Payment Date : 2025-05-21	Prepared By : COP_BudgetDataEntry
Payment Voucher : EX-COP-2025-05-00014	Superior Approved : F&AManagerCOP
No	By
Payment Method : Cash/Bank	Last Approved By : CFD Cashier
Payment Amount : 96000.0	
Currency : MMK	
Exchange Rate : 4,430.0	

No.	Description	Department	Paid Amount	Remark
1	(Claim) Security OT(Replacement OT, Full Moon Day of Kasone) 2-5-2025 to 14-5-2025..	Administration Department(COP)	96,000.00	

Expense Total 96,000.00 K
Additional/Refund

Note: _____

Paid Description: _____

Paid By *Hlaing*

Name : Su Su Hlaing

NRC No : _____

Date : 21/05/25

gort

Received By

Name : Zinnabaling

NRC No : 910017ba.01008782

Date : 21.5.25

Hlaingtharya Industrial Zone (4)
No. 11, Mahar Min Street, Hlaingtharya, Yangon

CLAIM REQUEST FORM

Requestor Name : Moe Thazin	Budget Type : Include Budget
Department Name :	Payment Type : Claim Payment
Request Date : 2025-05-15	Prepared By : COP_BudgetDataEntry
Payment Voucher : EX-COP-2025-05-00014	Superior Approved : F&AManagerCOP
No	By
Payment Method : Cash/Bank	Last Approved By :
Payment Amount : 96000.0	
Currency : MMK	
Exchange Rate : 4,430.0	

No.	Description	Department	Request Amount	Remark
1	(Claim) Security OT(Replacement OT, Full Moon Day of Kasone) 2-5-2025 to 14-5-2025..	Administration Department(COP)	96,000.00	

Expense Total 96,000.00 K ~

Additional/Refund

Note:


<p style="text-align: center;"><i>[Signature]</i> 15/5/25</p> <p>Superior Check By</p> <p>Name : <u>E E F N O P O</u></p> <p>NRC No : <u>14 2062025014</u></p> <p>Date : <u>15-5-25</u></p> <p>Remark :</p>	<p style="text-align: center;"><i>[Signature]</i> 15/5/25</p> <p>F&A</p> <p>Name : <u>Ten Zan Hlaing</u></p> <p>NRC No :</p> <p>Date :</p> <p>Remark :</p>	<p style="text-align: center;"><i>[Signature]</i></p> <p>GM/AGM</p> <p>Name : <u>Phu Thu Chin</u></p> <p>NRC No :</p> <p>Date :</p> <p>Remark :</p>	<p style="text-align: center;"><i>[Signature]</i> 18/05/2025 Amintoon</p> <p>COP</p> <p>Name :</p> <p>NRC No :</p> <p>Date :</p> <p>Remark :</p>
---	--	---	--

UMG

OVERTIME REQUEST FORM


BR/DIV Name : CE (2)
 Department Name : GA
 Reason for Overtime : 3000:00:01 0000


No.	Date	Name	Position Level	Time		Hours	Amount	Remark
				From	To			
1.	12.5.2025	සෙසල:සෙසල	.	07:00	17:00	-	8000	3000:00:01 0000
2.	13.5.2025	සෙසල:සෙසල	.	07:00	17:00	.	8000	" "
3.	15.5.2025	සෙසල:සෙසල	.	17:00	07:00	.	8000	" "
4.	16.5.2025	සෙසල:සෙසල	.	17:00	07:00	.	8000	" "
5.	18.5.2025	සෙසල:සෙසල	.	07:00	17:00	.	8000	" "
6.	19.5.2025	සෙසල:සෙසල	.	07:00	17:00	.	8000	" "
7.	11.5.2025	සෙසල:සෙසල	.	17:00	07:00	.	8000	" "
8.	12.5.2025	සෙසල:සෙසල	.	17:00	07:00	.	8000	" "
9.	14.5.2025	සෙසල:සෙසල	.	07:00	17:00	-	8000	" "
Total Hours							72000	
Total Amount								

Requested by
 Sign : 
 Name : සෙසල:සෙසල
 (Requestor)

Approved by

 (DH)
 Mee Thasin

Approved by

 (GM/AGM/COO)

Checked by

 (HR) Mee Thasin

05-CHL-HRM-FRM-020-05

