



Hlaing Tharyar Branch

No 205, Mya Sein Yaung Housing, Anawyahar Industrial Zone, Near Dagon Ayar High Way Bus Station, Hlaing Thar Yar Township, Yangon

Tel : 09977835760; 09977835813; 09977835797

Fax:

PAYMENT VOUCHER

Cashier

To

:

:

Voucher No. : HTY-PV-2024-11-0063

Voucher Date : 2024-11-22

Currency : MMK

Applicant

Adm. Manager

GM

No	Description	Purpose	Subtotal
1	Cash Claim Ma Hnin Pwint for Office Drinking Water 10 bot *1,000-10,000 Ks	Admin - Miscellaneous Expenses- HTY	10000.00
Total			10,000.00

Total in Words :

Note : Cash Claim Ma Hnin Pwint for Office Drinking Water 10 bot *1,000-10,000 Ks

Date

: 22.11.24

Name/NRC No :

Hnin Pwint Pyae

Signature :

Date 22. Nov. 2024

BU/BR/Division HTY BR

Department Admin

Issue Amount : 10,000/- Kyats/ ~~US\$~~

Budget include (or) Not :

Yes Budgeted Title and Amount :

No Reasons for :

Required For:

Office Drinking Water - 10 bts - 10,000/-

မှတ်ချက်။

(၁) အဆင့်ဆင့်သက်ဆိုင်ရာတာဝန်ရှိသူကြီးမင်းများအားလုံး သေချာစွာစုံစမ်းစစ်ဆေးတွက်ချက်ပြီးထားသော 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 အပြည် အဝ ပြန်လည်ရရှိအောင် တာဝန်ယူ ဆောင်ရွက်ပေးရမည်

(If there is errors, frauds or misappropriation, the authorized person must take full responsibility to recover the loss)


Request By



Requester

Hnin Pawnt Phyu

Checked By



Mgr/DH

Hnin Pawnt Phyu

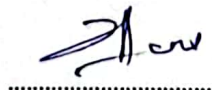
Checked By



Finance & Account

Su Mnt Han

Approved By



GM/AGM/COO

Approved By

CMC/CEO/Chairwoman


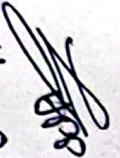




GENERAL EXPENSE CLAIM FORM

DIV/BR Name : Alang Thayera Branch

Department Name : Administration

No.	Date	Name	Description	Amount	Remark
1.	20-11-21	HinRantPhyu	Drinking Water 10 bts	10,000/-	
Total Amount				10,000/-	

Requested by:  (Requester)
 Approved by:  (Department Head)
 Checked by:  (Related FNA/Corp FNA)
 Approved by:  (OM/AGM/GM/BOH/ABOH)
 Approved by: _____ (ACOO/COO/MD/VCN)

