



**Taunggyi Branch**

No.85, Union Main Road, Oo Mhin Loop, Taung Lay Lone Vil-lage, Taunggyi Tsp, South Shan State.Taunggyi  
Tel :  
Fax:

**PAYMENT VOUCHER**

Voucher No. : TGY-PV-2025-04-0053  
Voucher Date : 2025-04-29  
Currency : MMK

Cashier :  
To :

Applicant Adm. Manager GM

No	Description	Purpose	Subtotal
1	THINGYAN DONATIION CHARGES - KS 19,000/-	Admin - Donation Expenses-TGY	19000.00
Total			19,000.00

Total in Words : \_\_\_\_\_

Note : THINGYAN DONATIION CHARGES - KS 19,000/-

Date : \_\_\_\_\_ Name/NRC No : \_\_\_\_\_ Signature : \_\_\_\_\_



# CASH CLAIM FORM

Date : 29.4.2025  
 BU/BR/Division : TGY BR  
 Department : Admin  
 Issue Amount : 19000L Kyats/.....USD

Budget include (or) Not :

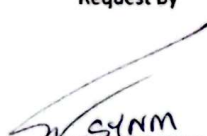

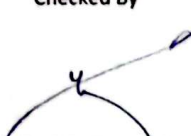

Yes  Budgeted Title and Amount :  
 No  Reasons for :

**Required For:**

Pay for Thingyin Dot Donation - Total Amount -  
 Ks 19000L

**မှတ်ချက်။**

(၁) အဆင့်ဆင့်သက်ဆိုင်ရာတာဝန်ရှိလူကြီးမင်းများအားလုံး 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	Checked By	Checked By	Approved By	Approved By
				
Requester	Mgr/DH	Finance & Account	GM/AGM/COO	CMC/CEO/Chairwoman
		EMTH		

04-CFD-CAS-FRM-005-03

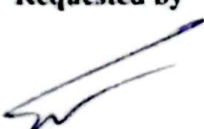



# GENERAL EXPENSE CLAIM FORM


// BR Name : TGY BR


Department Name : Admin

No.	Date	Name	Description	Amount	Remark
1.	17.4.25		ခရီးကုတ်: ခရီး	500	
2.	17.4.25		တရားကိစ္စခရီး	500	
3.	17.4.25		သင်္ကြန် ဝန်	1500	
4.	12.4.25		သင်္ကြန် ဝန်	1500	
5.	12.4.25		ခရီး ငွေစာ	10000	
6.	17.4.25		ကုတ်: ဝန်	5000	
<b>Total Amount</b>				<b>19000/-</b>	

Requested by  Sign : SYMM (Requester)

Approved by  (Department Head) **May Thin Chel**

Checked by  (Related FNA/Corp FNA) **Eant Myat**

Approved by  (OM/AGM/GM/BOH/ABOH)

Approved by \_\_\_\_\_ (ACOO/COO/MD/VCM)

04-CFD-TSU-FRM-001-00