

## CLAIM REQUEST FORM

Requestor Name : Phyu Phyu Win(5)

Budget Type : Include Budget

Department Name:

Payment Type : Claim Payment

Request Date : 2025-05-12

Prepared By : CE1\_BudgetDataEntry

Payment Voucher : EX-CE1-2025-05-00010

Superior Approved : CE1\_ServiceDH

No

By

Payment Method : Cash/Bank

Last Approved By : CE1\_ServiceDH

Payment Amount : 15000.0

Currency : MMK

Exchange Rate : 4,420.0

No.	Description	Department	Request Amount	Remark
1	For operator charges (EC210DL#282975) U Min Zaw (09-261576007)	Service(CE1)	15,000.00	AA HO ✓

*Repossessed mic  
- to repair in YGN  
- MDY - to YGN*

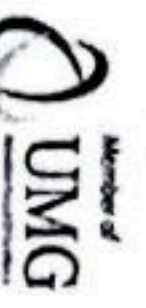
Expense Total : 15,000.00 K  
Additional/Refund

Note:

<p>Superior Check By <i>[Signature]</i></p>	<p><i>[Signature]</i></p>	<p><i>[Signature]</i></p>	<p><i>[Signature]</i></p>
Name : <i>Aung ko Min</i>	Name : <i>Moh Chhain</i>	Name : <i>Min Thu Ta</i>	Name : <i>Aye Min Hkon</i>
NRC No : .....	NRC No : .....	NRC No : .....	NRC No : .....
Date : .....	Date : <i>13.5-25</i>	Date : .....	Date : .....
Remark : .....	Remark : .....	Remark : .....	Remark : .....

*[Signature]*  
Phyu Phyu Win






# GENERAL EXPENSE CLAIM FORM



Company Name : **Utin Strategic**

Department Name : **Service**

No.	Date	Name	Description	Amount	Remark
1.	12.5.2005	Aung ko Pen	Operator charges	150001.	At HQ
			EC91001 # 282975		
			Utin Zee Coq. 2615760072		From MDY
					- repossessed me
					- to repair in Ygn
Total Amount				150001.	

Requested by:   
 Approved by:   
 Checked by:   
 Approved by:   
 Approved by: 

Name: **Phyu<sup>2</sup>tin** (Requester)  
**Aung ko Pen** (Department Head)  
**Phu<sup>2</sup>tin khong** (Related FNA/Corp FNA)  
**Pen The Ya** (OM/AGM/GM)  
**Aye Pen Hoon** (ACCO/COO/MID/VCN)