



CASH CLAIM FORM

Date : 22.7.2024
 BU/BR/Division : PG
 Department : Service
 Issue Amount : 12000 Kyats/ USD
 Budget include (or) Not :

Yes Budgeted Title and Amount :
 No Reasons for :

Required For: Taxi
 charges go to Mindama House machine repair PIC-Phyo Zay Latt Min & Annt Bhone Maw. Model-SDG25S(1233B11168)

မှတ်ချက်။
 (၁) အဆင့်ဆင့်သက်ဆိုင်ရာတာဝန်ရှိလူကြီးမင်းများအားလုံး 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 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

 Requester
 Chit Pon Su

Checked By

 Mgr/DH
 Tint Naing

Checked By

 Finance & Account
 Lwin Lwin Aung

Approved By

 GM/AsM/COO
 Soe Htet Tin

Approved By

 CMC/CEO/Chairwoman
 09/08/2024
 A.M. 1200





TAXI CHARGES FORM

BU/BR/DIV Name : *FS*

Department Name : *SRU*

No.	Date	Name	Description	Departure Time	Routes		Cost	Remark
					From	To		
<i>1.</i>	<i>22.7.24</i>	<i>Phyo Zaylathmin</i> <i>Aunt Shone maw</i>	<i>Machine Repair</i>	<i>9:30 Am</i>	<i>HO (HTY)</i>	<i>Mirdama</i>	<i>120081.</i>	
Total Taxi Charges							<i>120081.</i>	

Requested by

Sign : *[Signature]*
 Name : *Chit Bo Su*
 Dept. : *SRU*
 (Requestor)

Acknowledged by

Sign : *[Signature]*
 Name : *Zin Mar Kyaw*
 Dept. : *Admin*
 (HR Admin)

Acknowledged by

Sign : *[Signature]*
 Name : *Int Naing*
 Dept. : *SRU*
 (DH)

Approved by

Sign : *[Signature]*
 Name : *Soe Htet Tin*
 Dept. : *AGM*
 (BOH/BOH/AGM/GM)

Acknowledged by

Sign : *[Signature]*
 Name : *[Signature]*
 Dept. : *[Signature]*
 (HO-GA)

OS-C-111-GAV-FRM-018-C