



MAC
No. 1947/B , Bo Gyoke Street, Yangon - Patheingyi Highway Road,
Hlaing Thar Yar Township, Yangon.
Yangon

Tax Reg. Number:

EXPENSE PAYMENT VOUCHER

Voucher Reference : MAC-PV-24030026
Voucher Date : 2024-03-12
Employee Name : Shwe SinEi
Employee ID : MAC-EM-0081

Funds Account : Cash On Hand - MMK-MAC
Voucher Status : posted
Transaction Currency : Myanmar Kyat

Expense Reference #	Amount
MAC-XC-24030017	9,600.00

Payment Amount	: 9,600.00
----------------	------------

Remarks : DIRECT PAY EMPLOYEE OVERTIMES CHGS FOR MAR'24, FOR EMPLOYEES OVERTIME CHGS FOR ENTRY BACKLOG DATA IN ODOO SYSTEM(2 MAR'23), PIC-SHWE SIN EI, TOTAL CHGS MMK-9,600/- (RE)

Date : 12.3.24

Name/NRC No : Pyae Phyo Oo

Signature :

Cashier :

Signature :

CASH CLAIM FORM

Date : 6 - Mar - 24

BU/BR/Division : MAC

Department : BTB

Issue Amount : 96001 - Kyats / - USD

Budget include (or) Not :

Yes Budgeted Title and Amount :

No Reasons for :

Required For:

Over time for odoo

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 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
Sin Sin Ei	Phu Phu Oo	Su Su Thin	Saint Thu	
Requester	Mgr/DH	Finance & Account	GM/AGM/CEO	CMC/CEO/Chairwoman

၇၀၀၀၀ ၈/၃/၂၄

OVERTIME REQUEST FORM

R/Div Name : MAC
 Department : BTB
 Reason for Overtime : Odoo SO

No	Date	Name	Rank	Time		Hours	Amount	Remark
				From	To			
1	2.3.24	Shwe Sin Ei		8:00AM	4:30 PM	8 hrs	9600/-	
Total Hours						8 hrs	9600/-	
Total Amount								

Prepared By *[Signature]*
 Name: Shwe Sin Ei

Knowledgeged By *[Signature]*
 Name: Pyae Aung Oo

Approved By *[Signature]*
 (GM/AGM/COO)
 Name: Seint Thu

Check By HR *[Signature]*
 Name: Min Thu
 05-CHL-HRM-FRM-020-04