

# OPERATOR CHARGES

Operator Name : **U Min Zaw, 09-691450613**  
 Post : **g/sakana (N) 011230**  
 Business Unit : **Service / Common Purpose**

Date : **7.1.2024**  
 Saleman :

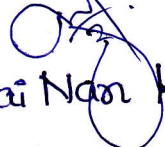
No	Customer	Model	Serial No	Amount	Time		Remark
					Start	Finish	
1.	U Aung Zaw Moe	ME 220	8X02422	45000	3:00	4:00	Machine Delivery
2.	Daw Ni Ni Lat	ZX130-5G	120467	15000	2:30	3:30	for ME 220x 1 U, ZX130-5G x 1 U,
<b>Grand Total</b>				<b>60000</b>			

Prepared By

Acknowledged By

Approved By

Sign :   
 Name : **Thondar Soe**

Sign :   
 Name : **Sai Nyan Ko**



Sign :   
 Name : **Aung Thu Win**

GENERAL EXPENSE CLAIM FORM

Company Name : U Min Zaw , og. 691450613  
 Department Name : 9/SakaNa (CN) 011230  
 Service

No.	Date	Name	Description	Amount	Remark
1.	6.1.25	2422	Machine Delivery for ME220, (L, U, L)	45000	Machine Delivery for ME220X1 U
2.	5.1.25	120467	Machine Delivery for ZX130-5G	15000	ZX130-5G x 1 U
Total Amount				60000	

Requested by      Approved by      Checked by      Approved by      Approved by

Sign :  

Name : Thandar Soe, Sai Nan ko, Tin Zar Hlaing, Aung Thu Win, Zaw Min Myat

(Requester)      (Department Head)      (Related FNA/Corp FNA)      (OM/AGM/GM)      (ACOO/COO/MD/VCM)