

ADVANCE REQUEST FORM

Requestor Name : Zin Zin Oo	Budget Type : Include Budget
Department Name:	Payment Type : Advance Payment
Request Date : 2025-07-08	Advance Due Date : 08/08/2025
Payment Voucher : ADV-REN-2025-07-00021 ✓	Prepared By : Zin Zin Oo
No	Superior Approved : Aung Myat Thu
Payment Method : Cash/Bank	By
Payment Amount : 300000.0 ✓	Last Approved By : Aung Myat Thu
Currency : MMK ✓	
Exchange Rate : 4,510.0	

No.	Description	Department	Request Amount	Remark
1	Advance request for ASM TA charges. PIC - Arkar Kyaw Total Amount MMK 300,000/- First Week - Hpa-An BR , Second Week - South Dagon BR , Third Week - Hlaing Tharyar BR , Final Week - Yangon BR ✓	Sales and Marketing Department(RE)	300,000.00	Advance Request ✓

Expense Total	300,000.00 K ✓
Amount Remain	300,000.00 K ✓

Note: _____

<p style="text-align: center;"><i>Aung Myat Thu</i></p> <p>Superior Check By Name : <u>U Aung Myat Thu</u></p> <p>NRC No :</p> <p>Date : <u>8.07.2025</u></p> <p>Remark :</p>	<p style="text-align: center;"><i>U Phyo Thu</i></p> <p>F&A Name : <u>U Phyo Thu</u></p> <p>NRC No :</p> <p>Date : <u>8.07.2025</u></p> <p>Remark :</p>	<p style="text-align: center;"><i>U Aye Min Htoon</i></p> <p>GM/AGM Name : <u>U Phyo Thu</u></p> <p>NRC No :</p> <p>Date : <u>8.07.2025</u></p> <p>Remark :</p>
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Zin Nyein Aye

Zin

01.09.2025 -

ASM ASSIGN LOCATION ZONE (4.01.2025~31.03.2026)

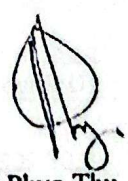
NO	ASM	BRANCH NAME	STATE DIVISION NAME	SITTAL BRANCH
1	San Naing Lin	Mandalay	Mandalay Division	Mandalay
		Nyaung U		
		Taunggyi	Shan State	
		Tarchileik		
2	Tint Lwin Oo	Meikhtila	Mandalay Division	Meikhtila
		Nay Pyi Taw		
		Taungoo	Bago Division	
		Nyaung Lay Pin		
		Pharkant	Kachin State	
		Myitkyinar		
3	Arkar Kyaw	Hlaing Tharyar	Yangon Division	Yangon
		South Dagon		
		Yangon		
		Patheingyi	Ayarwaddy Division	
		Gyobingkaung	Bago Division	
		Mawlamyaing	Mon State	
		Hpa-An	Kayin State	



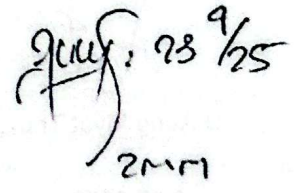
Zin Zin Oo
Admin



U Aung Myat Thu
DH



U Phyo Thu
AGM

2025.09.01

 2025

U Zaw Min Myat
ACOO