



No. 592, 3rd Floor,
Bo Aung Kyaw Street, Yangon-Pathein Highway Road, Hlaingtharya, Yangon



ADVANCE REQUEST FORM





Requestor Name : Saw Htet Htet Hlaing
 Department Name :
 Request Date : 2025-07-07
 Payment Voucher : ADV-CE1-2025-07-00004
 No
 Payment Method : Cash/Bank
 Payment Amount : 50000.0
 Currency : MMK
 Exchange Rate : 4,510.0

Budget Type : Include Budget
 Payment Type : Advance Payment
 Advance Due Date : 07/31/2025
 Prepared By : CE1_BudgetDataEntry
 Superior Approved : CE1_BudgetDataEntry
 By
 Last Approved By : Saw Nan Hlaing

No.	Description	Department	Request Amount	Remark
1	Miscellaneous For July	Administration(CE1)	50,000.00	

Expense Total 50,000.00 K
 Amount Remain 50,000.00 K

Note: -----

			
Superior Check By	F&A	GM/AGM	
Name : Saw Htet Htet Hlaing	Name : Saw Nan Hlaing	Name : Min Thu Ya	Name : _____
NRC No : U/Ra Tha Tac N	NRC No : 12/nap/256112	NRC No : 201909(85)	NRC No : _____
Date : 7-7-25	Date : 8-7-25	Date : 8-7-25	Date : _____
Remark : _____	Remark : _____	Remark : _____	Remark : _____