



CLAIM PAYMENT FORM

Requestor Name : Moe Thazin
 Department Name :
 Payment Date : 2025-03-18
 Payment Voucher : EX-COP-2025-03-00012
 No
 Payment Method : Cash/Bank
 Payment Amount : 88000.0
 Currency : MMK
 Exchange Rate : 4,410.0

Budget Type : Include Budget
 Payment Type : Claim Payment
 Prepared By : COP_BudgetDataEntry
 Superior Approved : F&AManagerCOP
 By
 Last Approved By : CFD Cashier

No.	Description	Department	Paid Amount	Remark
1	CE-2 Security OT (Replacement OT), (15-2-2025) to (27-3-2025)	Administration Department(COP)	88,000.00	

Expense Total 88,000.00 K
 Additional/Refund

Note: -----

Hlaing

Paid By
 Name : Su Su Hlaing
 NRC No : 911awawaw 001228879
 Date : 18/03/25

Received By
 Name : Su Su Hlaing
 NRC No : 14 /AGP(N) 28744
 Date : 18-3-25

18/3/25

No. 152, Hlaingtharya Industrial Zone (4)
Min Gyi Mahar Min Street, Hlaingtharya, Yangon

CLAIM REQUEST FORM

Requestor Name : Moe Thazin
 Department Name :
 Payment Date :
 Payment Voucher : EX-COP-2025-03-00012
 No
 Payment Method : Cash/Bank
 Payment Amount : 88000.0
 Currency : MMK
 Exchange Rate : 4,480.0

Budget Type : Include Budget
 Payment Type : Claim Payment
 Prepared By : COP_BudgetDataEntry
 Superior Approved : F&AManagerCOP
 By
 Last Approved By : COP_BudgetDataEntry

No.	Description	Department	Request Amount	Remark
1	CE-2 Security OT (Replacement OT), (15-2-2025) to (27-3-2025)	Administration Department(COP)	88,000.00	

Expense Total 88,000.00 K ✓
 Additional/Refund

Note:

<p style="text-align: center;"><i>8/3/25</i></p> <p>Superior Check By</p> <p>Name : <i>ei of noiro</i></p> <p>NRC No : <i>14/AGPOM/2025</i></p> <p>Date : <i>8-3-2025</i></p> <p>Remark :</p>	<p style="text-align: center;"><i>8/3/25</i></p> <p>F&A</p> <p>Name : <i>Tin Zan Hlaing</i></p> <p>NRC No :</p> <p>Date :</p> <p>Remark :</p>	<p style="text-align: center;"><i>8/3/25</i></p> <p>GM/AGM</p> <p>Name :</p> <p>NRC No :</p> <p>Date :</p> <p>Remark :</p>	<p style="text-align: center;"><i>8/3/25</i></p> <p>GOO</p> <p>Name :</p> <p>NRC No :</p> <p>Date :</p> <p>Remark :</p>
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UMG

OVERTIME REQUEST FORM


U/BR/DIV Name : CEC 20

Department Name : GA


Reason for Overtime : ဆေးကုသမှုများအတွက်

No.	Date	Name	Position Level	Time		Hours	Amount	Remark
				From	To			
1.	15.2.25	မောင်မောင်		07:00	17:00		8000	ဆေးကုသမှုများအတွက်
2.	16.2.25	မောင်မောင်		17:00	07:00		8000	u u
3.	17.2.25	မောင်မောင်		17:00	07:00		8000	u u
4.	19.2.25	မောင်မောင်		07:00	17:00		8000	u u
5.	20.2.25	မောင်မောင်		07:00	17:00		8000	u u
6.	21.2.25	မောင်မောင်		17:00	07:00		8000	u u
7.	22.2.25	မောင်မောင်		17:00	07:00		8000	u u
8.	24.2.25	မောင်မောင်		07:00	17:00		8000	u u
9.	25.2.25	မောင်မောင်		17:00	07:00		8000	u u
Total Hours							72000	✓
Total Amount							72000	✓

Requested by

Sign : 
 Name : မောင်မောင်
 (Requestor)


Approved by


 (DH)
 Moe Hnam

Approved by


 (GM/AGM/COO)

Checked by


 (HR) Moe Hnam

05-CHL-HRM-FRM-020-05

