

CLAIM REQUEST FORM

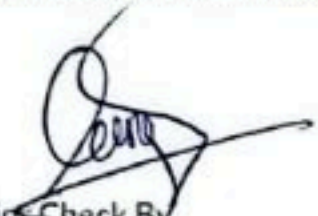
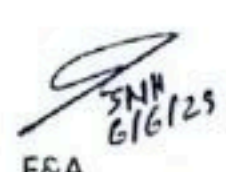
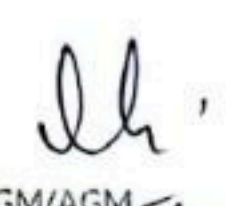

Requestor Name : Phyu Phyu Win(5)
 Department Name:
 Request Date : 2025-06-04
 Payment Voucher : EX-CE4-2025-06-00001
 No
 Payment Method : Cash/Bank
 Payment Amount : 140000.0
 Currency : MMK
 Exchange Rate : 4,440.0

Budget Type : Include Budget
 Payment Type : Claim Payment
 Prepared By : CE4 Budget Requestor
 Superior Approved : CE4_ServiceDH
 By
 Last Approved By : CE4_ServiceDH

No.	Description	Department	Request Amount	Remark
1	For Customer - U Chit San Aung (E6300F#600889) part transportation charges	Service Department(CE4)	140,000.00	YAN to TCL

Expense Total 140,000.00 K
 Additional/Refund

Note: _____

<p>Superior-Check By  Name : <u>Aung Kal Tin</u> NRC No : Date : Remark :</p>	<p>F&A  Name : <u>Sao Nyan Hlaing</u> NRC No : Date : Remark :</p>	<p>GM/AGM  Name : <u>Min Thue Ya</u> NRC No : Date : Remark :</p>	<p>COO  Name : <u>Aye Min Htoon</u> NRC No : Date : Remark :</p>
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 Phyu Phyu Win

GENERAL EXPENSE CLAIM FORM



Party Name : **Uin Strategic**
 Department Name : **Service**

No.	Date	Name	Description	Amount	Remark
1.	14.5.25	Aung Ko Min	Arm Holding Valve		
			Transportation Charges	55000/-	YGN
2.	15.5.25	Aung Ko Min	Sensor Transportation	35000/-	to
			Charges		TCL
3.	16.5.25	Aung Ko Min	Filter Transportation	50000/-	
			Charges		
Total Amount				140000/-	

Requested by: *[Signature]*
 Approved by: *[Signature]*
 Checked by: *[Signature]* 24/16/25
 Approved by: *[Signature]*
 Approved by: *[Signature]* 5/20/2025
 Name: **Aung Min** (Requester)
Aung ko Min (Department Head)
Saw Nyan Hlaing (Related FNA/Corp FNA)
Pin Thata (OM/AGM/GM)
Aye Min Hlaing (ACOO/COO/MID/CM)

