

BU/BR/Division : Mawlamyine

at Mawlamyine



**Mawlamyaing Branch**

No.93, Zay Kyo Quarter, Mawlamyine Tsp, Mon State.Mawlamyine

Tel :

Fax:

**PAYMENT VOUCHER**

Voucher No. : MLM-PV-2024-09-0019

Cashier :

Voucher Date : 2024-09-21

To :

Currency : MMK

Applicant

Adm. Manager

GM

No	Description	Purpose	Subtotal
1	PAYMENT FOR MISCELLANEOUS CHG MMK - 7000/-, CYCLE REAPIR CHG MMK - 12500/-, TOTAL MMK - 19500/-	Admin - Miscellaneous Expenses-MLM	7000.00
2	PAYMENT FOR MISCELLANEOUS CHG MMK - 7000/-, CYCLE REAPIR CHG MMK - 12500/-, TOTAL MMK - 19500/-	Admin - Car Repair & Maintenance Charges-MLM	12500.00
Total			19,500.00

Total in Words :

Note : PAYMENT FOR MISCELLANEOUS CHG MMK - 7000/-, CYCLE REAPIR CHG MMK - 12500/-, TOTAL MMK - 19500/-

Date :

Name/NRC No :

Hnin Pawint Wai

Signature :

lli

Hnin Pawint Wai  
Requester

Myo Hlike Aung  
Mgr/DH

Hnin Pawint Wai  
Finance & Account

Myo Hlike Aung  
GM/AGM/COO

CMC/CEO/Chairwoman

04-CFD-CAS-FRM-005-03

Date : 21.9.2024

 BU/BR/Division : Maedamyine

 Department : Administration

 Issue Amount : 19,500 Kyats/.....USD  
တစ်ဆယ့်ငါးဆယ့်ငါးရာကျပ်တစ်ထောင်

Budget include (or) Not :

 Yes  Budgeted Title and Amount :  
 No  Reasons for :

**Required For:**

Miscellaneous Chgs -7000

 Cycle Repair Chgs -12500

 Total MMK -19,500

မှတ်ချက်။

(၁) အဆင့်ဆင့်သက်ဆိုင်ရာတာဝန်ရှိသူကြီးမင်းများအားလုံး သေချာစွာစုံစမ်းစစ်ဆေးတွက်ချက်ပြီးထားသော ငွေပမာဏဖြစ်ရပါမည်။

(The amount requested must be properly calculated, checked and verified by respective authorized person)

(၂) ထုတ်ယူငွေနှင့် ပတ်သက်၍ အမှားအယွင်း၊ လိမ်လည်မှု နှင့် အလွဲသုံးစားမှု တစ်စုံတစ်ရာ ရှိခဲ့ပါက၊ သက်ဆိုင်ရာ၊

တာဝန်ရှိစစ်ဆေးအတည်ပြုသူက အပြည် အဝ ပြန်လည်ရရှိအောင် တာဝန်ယူ ဆောင်ရွက်ပေးရမည်

(If there is errors, frauds or misappropriation, the authorized person must take full responsibility to recover the loss)

Request By



 Hnin Puint Wai  
Requester

Checked By



 Myo Htike Aung  
Mgr/DH

Checked By



 Hnin Puint Wai  
Finance & Account

Approved By



 Myo Htike Aung  
GM/AGM/COO

Approved By

CMC/CEO/Chairwoman





# GENERAL EXPENSE CLAIM FORM


Name : Mawlamyine

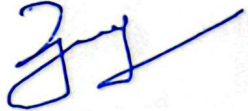
Department Name : Administration

Date	Name	Description	Amount	Remark
21.9.2024	Hnin Pwint Wai	ဆိုင်ကပ်ကုန်	9,500	
		ဆိုင်ကပ်ကုန်	3,000	
Total Amount			12,500	

Requested by:   
Name: Hnin Pwint Wai (Requester)

Approved by:   
Myo Htike Aung (Department Head)

Checked by:   
Hnin Pwint Wai (Related FNA/Corp FNA)

Approved by:   
Myo Htike Aung (OM/AGM/GM/BOH/ABOH)

Approved by: \_\_\_\_\_  
(ACOO/COO/MD/VCMA)



