



CASH CLAIM FORM

Date : 25.10.24.
 BU/BR/Division : TCL BR
 Department : Service
 Issue Amount : 80000/- Kyats/ USD

Budget include (or) Not :

Yes Budgeted Title and Amount :
 No Reasons for :

Required For:

Payment for P3 Training expense - 80000/- Ks

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 အပြည့် အဝ ပြန်လည်ရရှိအောင် တာဝန်ယူ ဆောင်ရွက်ပေးရမည်

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

Request By

Checked By

Checked By

Approved By

Approved By

San Aung Thang

Theint Por Theint

V.

Requester

Mgr/DH

Finance & Account

GM/AGM/COO

CMC/CEO/Chairwoman

San Aung Thang

May Theint Por. May Win Aung

Go to P₃ Training (San Aung Thang)



TRAVEL ADVANCE CLEAR FORM

Cash Advance			
Employee Name	San Aung Thang	Estimated Date of Travel	
Position Rank		Total Day	
BU/BR/DIV, Dept	TCL BR	Destination	
Purpose	P ₃ Training		
Travelling Permit			
Arrival Place			
Actual Date & Time of Travel			
Total Day			
HR Name	Theint Lwin Lwin Htin		
HR Sign	Theint-		
BOH/Authorized Person Name	Nay Win Aung		
BOH/Authorized Person	NW:		

Advance Clear

Actual Date & Time of Travel		Total Day	
Departure Date & Time		Arrival Date & Time	
Date	Description	Total Amount	
		Kyats	USD
31.8.24	Hostel chgs.	50000	
28.9.24	Taxi chgs	30000/-	
Total Expense (Kyats/USD)		80000/-	
Cash Advance (Kyats/USD)			
Balance Refund/Additional (Kyats/USD)			

Job Report Status				
Authorization	Name	Position	Date	Sign
Prepared By	Theint Lwin Lwin Htin	HR	25.10.24	Theint-
Approved By Dept Head				
Approved By GM/AGM/COO	Nay Win Aung	ABOH	25.10.24	NW
Notified by related Superior Job Report				
Check & Approved	Theint Lwin Lwin Htin	HR	25.10.24	Theint-
Received				

04-CFD-CAS-FRM-006-02



TAXI CHARGES FORM

BU/BRDIV Name :

Department Name :

No.	Date	Name	Description	Departure Time	Routes		Cost	Remark
					From	To		
	31.8.2024	San Ang Theng	Go to P3 training	9:00 AM	YAN airport	SEWARR	15000	
	26-9.2024	San Ang Theng	Go to TRL	6:200AM	SEWARR	airport	15000	
Total Taxi Charges								

Requested by

Sign : *Soet*

Name : San Ang Theng

Dept. : Service (Requestor)

Acknowledged by

Sign : *Shorix*

Name : Thorst Louis

Dept. : Admin. (HR/Admin)

Acknowledged by

Sign : *Shorix*

Name : Thorst Louis

Dept. : Admin. (HR)

Approved by

Sign : *Mr.*

Name : May Bin Ang

Dept. : Administration. (ABOH/BOH/GM/GM)

Acknowledged by

Sign :

Name :

Dept. :

(HO-GA)

YANGON AIRPORT HOTEL

H7 Group of Hotels & Resorts

17254

Official Receipt

Uhat Aung Kitch

113

Arrival Date 31.8.14

Time of Arrival

Date/Time	Description	Amount	Total
31.8.14	Room charges	50000	
			50000

PAID

Tax 3%

82

+ 1500

Guest Sign

No.45/55-(A), Airport Road, Insein Tsp, Yangon, Myanmar

Tel/Fax: +95-1-7533354-8, +95-9-885167888

Email: info@yangon-airport-hotel.com, yangonairporthotel@gmail.com