CLAIM REQUEST FORM

Requestor Name	:	Naw Kabyar Wuttye	Budget Type	:	Include Budget
Department Name	:		Payment Type	:	Claim Payment
Payment Date	:		Prepared By	:	ISU_SRVPIC
Payment Voucher No	:	EX-ISU-2025-03-00002	Superior Approved By	:	ISU_SRVDH
Payment Method	:	Cash/Bank	Last Approved By	:	ISU_SRVDH
Payment Amount	:	31000.0			
Currency	:	MMK			
Exchange Rate	:	4,480.0			

No.	Description	Department	Request Amount	Remark
1	Cash Claim for Feb'25 Naw Kabyar Wuttye for CA BU Service Operation, MMK-31,000/-, For Service Dept.	Service Department(ISU)	31,000.00	

Expense Total **31,000.00 K**
Additional/Refund

Note: .....

Superior Check By		F&A		GM/AGM		COO	
Name	: Khä Phyo Htun	Name	: Khin Thida Tun	Name	: Win Thein Nwe	Name	: .....
NRC No	: [illegible]	NRC No	: 5/[illegible]	NRC No	: 12/[illegible]	NRC No	: .....
Date	: 140477	Date	: 7 Mar 25	Date	: 7.3.25	Date	: .....
Remark	: 6 Mar 2025	Remark	:	Remark	:	Remark	: .....

CamScanner