



No.49/A, Kyat Sa : yin Quarter, Dawei Tsp, Tanintharyi Division. Dawei  
Tel :  
Fax:

### PAYMENT VOUCHER

Voucher No. :DWI-PV-2025-06-0063

Cashier :

Voucher Date :2025-06-24

To :

Currency :MMK

Applicant

Adm. Manager

GM

No	Description	Purpose	Subtotal
1	PAYMENT FOR DAWEI BRANCH EMPLOYEE'S DRINKING WATER ,PAGODA FLOWER AND MOSQUITO REPELLENT CHARGES TOTAL AMT- 11,600 MMK.		

Total 11,600.00

Total in Words :

Note : PAYMENT FOR DAWEI BRANCH EMPLOYEE'S DRINKING WATER ,PAGODA FLOWER AND MOSQUITO REPELLENT CHARGES TOTAL AMT 11,600 MMK.

Date : 24 June 2025

Name/NRC No :

Pyae Phyo Aung

Signature :

Py

CASH CLAIM FORM

Date : 24 June 2025  
 BU/BR/Division : Dacei  
 Department : Admin  
 Issue Amount : 11,600 Kyats/.....USD  
 Budget include (or) Not :

Yes  Budgeted Title and Amount :  
 No  Reasons for :

**Required For:**  
 Dacei Branch Employee's Drinking Water, Pagoda Flowers  
 and Mosquito Repellent Charges.  
 Total Amt - 11,600 MMK.

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: Pyae Phyo Aung (Requester)  
 Checked By: [Signature] (Mgr/DH)  
 Checked By: May Zin Aung (Finance & Account)  
 Approved By: [Signature] (GM/AGM/COO)  
 Approved By: [Signature] (CMC/CEO/Chairwoman)





# GENERAL EXPENSE CLAIM FORM

DIV/ BR Name : Dawei

Department Name : Admin

No.	Date	Name	Description	Amount	Remark
1.	24-Jan-25	Pyae Phyo Aung	Employee's Drinking Water (15.6.25)	1500	] 1pc x 1500
			Employee's Drinking Water (18.6.25)	3000	
			Employee's Drinking Water (22.6.25)	3000	
			Pagoda Flower (24.6.25)	2500	
			Mosquito Repellent (24.6.25)	1600	
<b>Total Amount</b>				<b>11600</b>	

Requested by

Approved by

Checked by

Approved by

Approved by

Sign :

Name : Pyae Phyo Aung  
(Requester)

Name : Daw Ni Nandar Aung  
(Department Head)

Name : May Zin Aung  
(Related FNA/Corp FNA)

(OM/AGM/GM/BOH/ABOH)

(ACOO/COO/MD/VCM)

24.6.2025

04-CFD-TSU-FRM-001-00



# GENERAL EXPENSE CLAIM FORM

DIV/HR Name : Dawei

Department Name : Admin

No.	Date	Name	Description	Amount	Remark
1.	24-Jun-25	Pyo Pyo	Employee's Drinking Water (15-6-25)	1500	} 1 pcs x 1500
		Aung	Employee's Drinking Water (18-6-25)	3000	
			Employee's Drinking Water (22-6-25)	3000	
			Pagoda Flower (24-6-25)	2500	
			Mosquito Repellent (24-6-25)	1600	
Total Amount				11600	

Requested by

Approved by

Checked by

Approved by

Approved by

Sign :

Name : Pyo Pyo Aung  
(Requester)

Dawei  
(Department Head)

May Zin Aung  
(Related FNA/Corp FNA)

(OM/AGM/GM/JOH/ABOH)

Paing Soe Lynn  
(ACOO/COO/MD/VCN)

04-CFD-TSU-FRM-001-00

24.6.2025

tw: