



CLAIM PAYMENT FORM

Requestor Name : Moe Thazin	Budget Type : Include Budget
Department Name :	Payment Type : Claim Payment
Payment Date : 2025-02-13	Prepared By : COP_BudgetDataEntry
Payment Voucher : EX-COP-2025-02-00001	Superior Approved : F&AManagerCOP
No :	By :
Payment Method : Cash/Bank	Last Approved By : CFD Cashier
Payment Amount : 56000.0	
Currency : MMK	
Exchange Rate : 4,520.0	

No.	Description	Department	Paid Amount	Remark
1	CE-5 Petty Cash for Jan'25.	Administration Department(COP)	56,000.00	

Expense Total 56,000.00 K
Additional/Refund

Note: _____

Paid By *Hlaing*
 Name : Ue Ue Hlaing
 NRC No : 916xxxxxx 00258819
 Date : 13/02/25

Received By
 Name : Thada Min Thu
 NRC No : 816xxxxxx 109728
 Date : 13.2.25


GENERAL EXPENSE CLAIM FORM

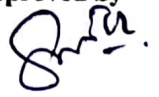



RESOURCES


Company Name : Mandalay Resource.
 Department Name : Admin.


No.	Date	Name	Description	Amount	Remark
1	6/11/2025	Moe Phasin	ခွဲ:စာ	28000/-	(Fee 2week 2)
2	4/11/2025	~	ကျသိ.	10000/-	
3	13/11/2025	~	ခွဲ:စာ	18000/-	
Total Amount				56000/-	

Requested by:  Sign :
 Name : Moe Phasin (Requester)

Approved by: 
 Name : Moe Phasin. (Department Head)

Checked by:  31.10.25
 (Related FNA/Corp FNA)

Approved by:  (OM/AGM/GM)

Approved by:  07/10/2025
 (ACOO/COO/MD/VCM)

02-CE5-FNA-FRM-001-00

