



CASH CLAIM FORM

Date : 4.8.2024
 BU/BR/Division : Power
 Department : Admin
 Issue Amount : 13100 Kyats/.....USD

Budget include (or) Not :

Yes Budgeted Title and Amount :
 No Reasons for :

Required For: Payment for Power Board Employee Drinking water & Office project flower.
 Total Amt - 13100 /.

မှတ်ချက်။
 (၁) အဆင့်ဆင့်သက်ဆိုင်ရာတာဝန်ရှိသူကြီးပေးအားလုံး သေချာစွာစစ်ဆေးစစ်ဆေးတွက်ချက်ပြီးထားသော 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
Naw Di Danelar Aye Requester	Naw Di Danelar Aye Mgr/DH Aye	Se Myat Naing Finance & Account	GM/AGM/COO	CMC/CEO/Chairwoman

04-CFD-CAS-FRM-005-03



GENERAL EXPENSE CLAIM FORM

DIV/ BR Name : Dave

Department Name : Admin

No.	Date	Name	Description	Amount	Remark
1.	8.8.24	New Ni Nanda Atk	Employee Drinking water.	8400	1 per . 1200 (per)
2.	10.8.24	New Ni Nanda Atk	Employee Drinking water	1200	2 per.
3.	12.8.24	New Ni Nanda Atk	Employee Drinking water	4800	1 per
4.	13.8.24	New Ni Nanda Atk	Employee Drinking water	1200	1 per
5.	15.8.24	New Ni Nanda Atk	Office pagoda.	3500	
Total Amount				13100	

Requested by

Approved by

Checked by

Approved by

Approved by

Sign :

[Signature]
New Ni Nanda Atk
(Requester)

[Signature]
New Ni Nanda Atk
(Department Head)

[Signature]
Sy. Must Naina
(Related FNA/Corp FNA)

(OM/AGM/GM/BOH/ABOH)

(ACOO/COO/MD/VCM)

04-CFD-TSU-FRM-001-00