

# CASH CLAIM FORM

 Date : 3-9-24

 BU/BR/Division : AT & T

 Department : Administration

 Issue Amount : 120,000 Kyats/.....USD

Budget include (or) Not :

 Yes  Budgeted Title and Amount :


 No  Reasons for :

**Required For:**
Zin Win Htike's father dead
**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




 Requester  
Zin Mar Win

Checked By



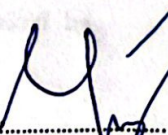
 Mgr/DH  
Lae Lae Mon

Checked By



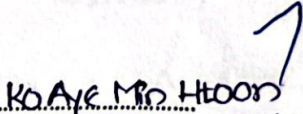
 Finance & Account  
Zin Mar

Approved By



 GM/AGM/COO  
Mung Maung

Approved By



 CMC/CEO/Chairwoman  
Ko Aye Min Htoon  
 Telegram Approv


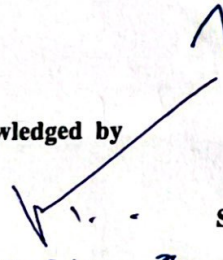
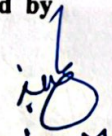
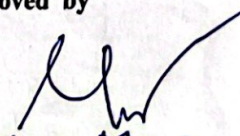
Budget ပုံစံအရ

04-CFD-CAS-FRM-005-03

## FUNERAL SUPPORT REQUEST FORM

Request Date	2.9.24
Employee Name	Zin Win Htike
Employee ID	15444
Join Date	6.6.23
Service Year	1 year 3 months.
Position	Mechanic
Department	Production
Business Name	AT & T BU
If family member Deceased :	
Relation	<input checked="" type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Children
Name	U Than Win
Date of Passed Away	20.8.24
Compassionate Allowance Amount	120,000/-

Remark : Please submit with funeral document.

<p><b>Requested by</b></p> <p>Sign : </p> <p>Name : Zin Win Htike</p> <p>Position : Mechanic</p> <p>Date : 2.9.24</p> <p style="text-align: center;">(Employee)</p>	<p><b>Acknowledged by</b></p> <p>Sign : </p> <p>Name : Aung Kyaw Tun</p> <p>Position : SDH</p> <p>Date : 2.9.24</p> <p style="text-align: center;">(Manager)</p>	<p><b>Checked by</b></p> <p>Sign : </p> <p>Name : Lar Lar Mon</p> <p>Position : ADH</p> <p>Date : 2.9.24</p> <p style="text-align: center;">(Related HR)</p>	<p><b>Approved by</b></p> <p>Sign : </p> <p>Name : Mawng Mawng</p> <p>Position : GM</p> <p>Date : 2.9.24</p> <p style="text-align: center;">(AGM/GM/COO)</p>
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KM. 0+000

# U Aye Min Htoon online



Name : Zin Win Htoon      Date : 12.9.24      Date : 12.9.24      Date : 12.9.24  
(Employee)                      (Manager)                      (Related HR)                      (AGM/GM/COO)

10/10/2024

2:47 PM ✓

**UMG CASH CLAIM FORM**

Date: 12.9.24  
Requester: Zin Win Htoon  
Department: Finance & Accounts  
Request Amount: 120000/-

Request includes (if any):  
 Requested for my account  
 Requested for

Request for:  
Zin Win Htoon's business travel

Remarks:  
 (1) The amount requested must be properly calculated, checked and verified by respective authorized persons.  
 (2) If there is errors, omissions or misappropriation, the authorized person must take full responsibility to recover the said.

Request By	Checked By	Checked By	Approved By	Approved By
Requester Zin Win Htoon	Requester Lae Lae Mon	Finance & Accounts Zin Mon	AGM/GM/COO Moeung Moeung	Director/Chairwoman

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ဆရာရှင် Zin Win Htike (Mechanic)  
၏ဖခင်နားရေးအတွက် ထောက်ပံ့ငွေ  
120000/- ထုတ်ယူခွင့်ပြုပါရှင်

2:49 PM ✓

**Lae Lae Mon**  
ဆရာရှင် Zin Win Htike (Mechanic)...

Please proceed MMK 120,000. 3:18 PM