



MAC  
No. 1947/B , Bo Gyoke Street, Yangon - Patheingyi Highway Road,  
Hlaing Thar Yar Township, Yangon.  
Yangon

Tax Reg. Number:

### EXPENSE PAYMENT VOUCHER

Voucher Reference :MAC-PV-24050003  
Voucher Date : 2024-05-06  
Employee Name : Phyto Wai Oo  
Employee ID : MAC-EM-0085

Funds Account : Cash On Hand - MMK-MAC  
Voucher Status : posted  
Transaction Currency : Myanmar Kyat

Expense Reference #	Amount
MAC-XC-24050003	30,000.00

Payment Amount	: 30,000.00
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Remarks : DIRECT PAY, FOR PHYTO WAI OO, FOR MAY'24, FOR PAYMENT THE COMPUTER MOUSE CHARGES, FOR MMK-30,000/-, WHP-020, FOR LOG DEPT. MAC-XC-24050003.

Date : 6.5.2024

Name/NRC No : Phyto Wai Oo

Signature : [Signature]

Cashier : Thi Thi Oo

Signature : [Signature]

Date : 25/02/24

BU/BR/DIVISION : MAc

Department : Logistics

Issue Amount : 300000 Kyats / 300,000.00 USD

Budget include (or) Not

Yes  Budgeted Title and Amount :

No  Reasons for :

Required For:

Payment the Computer mouse charges.

မှတ်ချက်

(၁) အဆိုပါအတိုင်းအတာတောင်းဆိုမှုကြီးမားများအားလုံး သေချာစွာစစ်ဆေးစစ်ဆေးတွက်ချက်ပြီးထားသော ငွေပမာဏဖြစ်ရပါမည်။  
 (The amount requested must be properly calculated, checked and verified by respective authorized person)

(၂) တုတ်ယူမှုနှင့် ပတ်သက်၍ အမှားအယွင်း၊ လိမ်လည်မှု နှင့် အလွဲသုံးစားမှု တစ်စုံတစ်ရာ ရှိခဲ့ပါက၊ သက်ဆိုင်ရာ တာဝန်ရှိပေးအားတည်ပြုသူက 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

  
Requester

  
25/2/24  
MBI/DH

  
25/2/24  
Finance & Account

  
GM/AGM/COO

  
25/02/2024  
A  
CMC/CEO/Chairwoman

Phyo Wai Oo

Wai Phyo Han

Su Su Thin

Seint Seint Thu



NEW COMPUTER & EQUIPMENT REQUEST FORM

Date: 29.3.2024

Desktop

Laptop

General Equipment

Equipment Name : Mouse (wireless)

Qty : 1

Unit Price : 30,000

Department : Logistics

DIV/BU/BR : MAC

Remark : IT already checked (old is damage)

Request By *[Signature]*

Approved *[Signature]*

for *[Signature]*  
Approved  
Name Ei Ei Mon

Approved By *[Signature]*

Request Person

Department Head

IT Authorise Person

AGM/GM/COO/CEO/MD

Htet Phoo Wai

Wai Phyo Han

Si Thu Hlaing

Saint Saint Tue