



CLAIM REQUEST FORM

Requester Name : Aye Phyu Phyu Zan Budget Type : Include Budget
 Department Name : Payment Type : Claim Payment
 Payment Date : Prepared By : Aye Phyu Phyu Zan
 Payment Voucher : EX-BTF-2025-03-00004 Superior Approved : Arker Lin
 No By
 Payment Method : Cash/Bank Last Approved By : Arker Lin
 Payment Amount : 57600.0
 Currency : MMK
 Exchange Rate : 4,500.0

No.	Description	Department	Request Amount	Remark
1	Overtime Charges for Billing	Billing System & Collection Department (BTF)	57,600.00	Overtime Charges for Billing Dept(Feb 2025)

Expense Total 57,600.00 K
 Additional/Refund

Note:

Superior Check By : *Arker Lin* Name : *Arker Lin* Name : *Arker Lin* Name : *Chy Zin*
 NRC No : *618720250300004* NRC No : *618720250300004* NRC No : *618720250300004* NRC No : *613125*
 Date : *6.3.25* Date : *6.3.2025* Date : *6.3.25* Date : *6/3/25*
 Remark : Remark : Remark : Remark :