

CLAIM REQUEST FORM

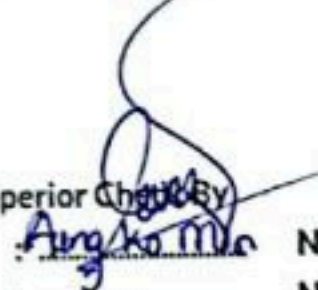


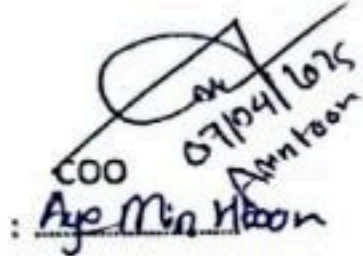
Requestor Name : Phyu Phyu Win(5)
 Department Name:
 Request Date : 2025-04-01
 Payment Voucher : EX-CE1-2025-04-00005
 No
 Payment Method : Cash/Bank
 Payment Amount : 19000.0
 Currency : MMK
 Exchange Rate : 4,440.0

Budget Type : Include Budget
 Payment Type : Claim Payment
 Prepared By : CE1_BudgetDataEntry
 Superior Approved : CE1_ServiceDH
 By
 Last Approved By : CE1_ServiceDH

No.	Description	Department	Request Amount	Remark
1	For EC210DL#282909 need part buying charges	Service(CE1)	19,000.00	

Expense Total 19,000.00 K^m
 Additional/Refund

Note: _____

<p>Superior Checked By  Name : <u>Aung Mye Win</u> NRC No : _____ Date : _____ Remark : _____</p>	<p>F&A  Name : <u>Moh Moh Khin</u> NRC No : _____ Date : <u>7.4.25</u> Remark : _____</p>	<p>GM/AGM  Name : <u>Min Thu Ya</u> NRC No : _____ Date : _____ Remark : _____</p>	<p>COO  Name : <u>Aye Min Hoon</u> NRC No : _____ Date : _____ Remark : _____</p>
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