



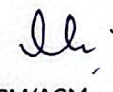
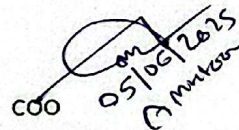
## ADVANCE REQUEST FORM

Requestor Name : Saw Htet Htet Hlaing	Budget Type : Include Budget
Department Name:	Payment Type : Advance Payment
Request Date : 2025-06-04	Advance Due Date : 06/30/2025
Payment Voucher : ADV-CE4-2025-06-00001	Prepared By : CE4 Budget Requestor
No	Superior Approved : CE4 Budget Requestor
Payment Method : Cash/Bank	By
Payment Amount : 15000.0	Last Approved By : CE4 Budget Requestor
Currency : MMK	
Exchange Rate : 4,440.0	

No.	Description	Department	Request Amount	Remark
1	SSB For May-25	Administration Department(CE4)	15,000.00	

Expense Total	15,000.00 K
Amount Remain	15,000.00 K

Note: \_\_\_\_\_

<p style="text-align: center;"></p> <p>Superior Check By</p> <p>Name : <u>Saw Htet Htet Hlaing</u></p> <p>NRC No : <u>11/Ra Tho</u></p> <p>Date : <u>04-06-25</u></p> <p>Remark : .....</p>	<p style="text-align: center;"></p> <p>F&amp;A</p> <p>Name : <u>Saw Nan Hlaing</u></p> <p>NRC No : <u>01/In op 922 2119</u></p> <p>Date : <u>4.6.25</u></p> <p>Remark : .....</p>	<p style="text-align: center;"></p> <p>GM/AGM</p> <p>Name : <u>Mio Thu Ya</u></p> <p>NRC No : .....</p> <p>Date : .....</p> <p>Remark : .....</p>	<p style="text-align: center;"></p> <p>COO</p> <p>Date : <u>05/06/2025</u></p> <p>Remark : .....</p>
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