



.No. 152 Hlaingtharya Industrial Zone (4)  
 Min Gyi Mahar Min Street, Hlaingtharya, Yangon

## CLAIM REQUEST FORM

Requestor Name : Moe Thazin	Budget Type : Include Budget
Department Name:	Payment Type : Claim Payment
Request Date : 2025-04-23	Prepared By : COP_BudgetDataEntry
Payment Voucher : EX-COP-2025-04-00044	Superior Approved : F&A Manager COP
No	By
Payment Method : Cash/Bank	Last Approved By : COP_BudgetDataEntry
Payment Amount : 40000.0	
Currency : MMK	
Exchange Rate : 4,430.0	

No.	Description	Department	Request Amount	Remark
1	Health License Renewal for Common Purpose Co.ltd.2025/2026.	Administration Department(COP)	40,000.00	

Expense Total                      40,000.00 K    ✓  
 Additional/Refund

Note: .....

<p style="text-align: center;"><i>28/4/25</i></p> <p>Superior Check By</p> <p>Name : <i>E. O. Nong</i> Name : .....</p> <p>NRC No : <i>4/AGPM/23/11</i> NRC No : .....</p> <p>Date : <i>23-4-25</i> Date : .....</p> <p>Remark : ..... Remark : .....</p>	<p style="text-align: center;"><i>23/4/25</i></p> <p>F&amp;A</p> <p>Name : <i>Pa Zou Hlaing</i> Name : .....</p> <p>NRC No : ..... NRC No : .....</p> <p>Date : ..... Date : .....</p> <p>Remark : ..... Remark : .....</p>	<p style="text-align: center;"><i>24/4/25</i></p> <p>GM/AGM</p> <p>Name : <i>Ang Thee Chit</i> Name : .....</p> <p>NRC No : ..... NRC No : .....</p> <p>Date : <i>24-4-25</i> Date : .....</p> <p>Remark : ..... Remark : .....</p>	<p style="text-align: center;"><i>24/04/2025</i></p> <p>COP</p> <p>Name : <i>Amthou</i> Name : .....</p> <p>NRC No : ..... NRC No : .....</p> <p>Date : ..... Date : .....</p> <p>Remark : ..... Remark : .....</p>
---	---	---	---

23.4.2025

- ဒေါ်မာလာဝင်း

- Common Purpose

- ၁၅၂၊ ဝမ်းမြူးမယာမင်းခေါင်လမ်း၊ ရန်-၄

စည်ပင်တိုးတက်ရေးအဖွဲ့အစည်းဝင်သက်တမ်းတိုး - ၄၀၀၀၀/လှူ

၂၀၂၅ - ၂၀၂၆ သက်တမ်း

၀၅-၇၇၃၀၇၅၂၄၅

ကျန်းမာရေးမှူး

ရန်ကင်းရောဂါ

ရန်ကင်းရောဂါ ဝန်ထမ်းများအဖွဲ့အစည်း

ရန်ကင်းရောဂါ