



CLAIM PAYMENT FORM

Requestor Name : Moe Thazin	Budget Type : Include Budget
Department Name :	Payment Type : Claim Payment
Payment Date : 2025-03-18	Prepared By : COP_BudgetDataEntry
Payment Voucher : EX-COP-2025-03-00005	Superior Approved : F&AManagerCOP
No	By
Payment Method : Cash/Bank	Last Approved By : CFD Cashier
Payment Amount : 8600.0	
Currency : MMK	
Exchange Rate : 4,410.0	

No.	Description	Department	Paid Amount	Remark
1	CE-5 Petty Cash for Feb'25..	Administration Department(COP)	8,600.00	

Expense Total 8,600.00 K
Additional/Refund

Note: _____

Paid By *HLaing*

Name : Bu Bu Hlaing

NRC No : 911acwawaw 603 258879

Date : 18/03/25

Received By

Name : Chit Chit Nung

NRC No : 14.1A6PM2025794

Date : 18-3-2025

NS
18/3/25

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
Payment Date :	Prepared By : COP_BudgetDataEntry
Payment Voucher : EX-COP-2025-03-00005	Superior Approved : F&AManagerCOP
No	By
Payment Method : Cash/Bank	Last Approved By : COP_BudgetDataEntry
Payment Amount : 8600.0	
Currency : MMK	
Exchange Rate : 4,480.0	

No.	Description	Department	Request Amount	Remark
1	CE-5 Petty Cash for Feb'25..	Administration Department(COP)	8,600.00	

Expense Total **8,600.00 K**
Additional/Refund

Note:

<p style="text-align: center;"><i>25/3/25</i></p> <p style="text-align: center;">Superior Check By</p> <p>Name : <i>ei ei no no</i></p> <p>NRC No : <i>1/AGPCW 2744</i></p> <p>Date : <i>2-3-2025</i></p> <p>Remark :</p>	<p style="text-align: center;">F&A</p> <p>Name : <i>Tin Zan Hlaing</i></p> <p>NRC No :</p> <p>Date :</p> <p>Remark :</p>	<p style="text-align: center;">GM/AGM</p> <p>Name : <i>Ang Thi Chin</i></p> <p>NRC No :</p> <p>Date : <i>2-3-2025</i></p> <p>Remark :</p>	<p style="text-align: center;">COP</p> <p>Name : <i>Moe Thazin</i></p> <p>NRC No :</p> <p>Date : <i>08/03/2025</i></p> <p>Remark :</p>
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GENERAL EXPENSE CLAIM FORM



Name : CE-5
 Department Name : Administration

No.	Date	Name	Description	Amount	Remark
1.	29.10.2025	ei ei nainu	ബുദ്ധി.	5000	(546)
2.	11.2.2025	"	ബുദ്ധി.	3600	(0.000) (0.000) (346)
Total Amount				8,600	✓

Requested by	Approved by	Checked by	Approved by	Approved by
Sign : Name : ei ei nainu (Requester)	 Mr. Ibrahim (Department Head)	 ei ei nainu (Related FNA/Corp FNA)	 (OM/AGM/GM)	 08/03/2025 (ACOO/COO/MD/VCM)

02-CE5-FNA-FRM-001-00