

No add No paid



CASH ADVANCE CLEAR FORM

Date 25.2.24

BU/BR/Division Ramon

Department Administration

Advance Issue 200000/- Kyats/.....USD

No	Issue Time	Date	Payment Voucher No	Amount		Descriptions
				USD	Kyats	
1	1 st Time Advance	5.4.24	PV/REM/2024/41		200000	Adv. Clear Thiogao
2	2 nd Time Advance		21			Denation @gfg:
3	3 rd Time Advance					
Total Advance					200000	
Total Actual					200000	
Balance Refund/Additional					-	

Requester [Signature]

Checked By [Signature]

Checked By [Signature]

Approved By [Signature]

Approved By [Signature]
23/04/24
Auntan

Naw Ahi Mae yar
Requester

Zayar Linn
Mgr/DH

Khin Sowe Win
Finance & Account

Maeng Maeng
GM/AGM/COO

CMC



GENERAL EXPENSE CLAIM FORM



BU/BR/DIV Name : Recon
 Department Name : Administration

No.	Date	PIC Name	Description	Category (Customer (Or) Operation)	Cost (MMK)	Remark
1	13.4.24	Naw Abl Mee	အကူအညီ/ရုံးပစ္စည်း		4200	အကူအညီ
2	14.4.24	gaw	ရုံးပစ္စည်း		1200	ရုံးပစ္စည်း
3	15.4.24		" "		1200	ရုံးပစ္စည်း
4	16.4.24		" "		1200	ရုံးပစ္စည်း
5	17.4.24		အကူအညီ/အကူအညီ		42200	အကူအညီ
6	17.4.24		အကူအညီ		50000	
Total General Expense					7 100000/-	

Requested by: [Signature] Sign: [Signature] Name: [Name] (Requester)
 Approved by: [Signature] Sign: [Signature] Name: [Name] (Department Head)
 Checked by: [Signature] Sign: [Signature] Name: [Name] (Finance & Account)
 Approved by: [Signature] Sign: [Signature] Name: [Name] (OM/AGM/GM)
 Approved by: [Signature] Sign: [Signature] Name: [Name] (ACOO/COO/MD/VCM)
 02-BRM-FNA-FRM-007-00



GENERAL EXPENSE CLAIM FORM



BU/BR/DIV Name : Recon -
 Department Name : Administration

No.	Date	PIC Name	Description	Category (Customer (Or) Operation)	Cost (MMK)	Remark
1	13.4.24	Naw Abl	အကူအညီ/ရုံးပစ္စည်း		4200	Recon
2	14.4.24	Mue. yar	ရုံးပစ္စည်း		1200	
3	15.4.24		" "		1200	
4	16.4.24		" "		1200	
5	17.4.24		အကူအညီ/အကူအညီ		42200	
6	17.4.24		အကူအညီ		50000	
Total General Expense					7 100000/-	

Requested by: [Signature] Sign: [Signature] Name: [Name] (Requester)
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 Checked by: [Signature] Sign: [Signature] Name: [Name] (Finance & Account)
 Approved by: [Signature] Sign: [Signature] Name: [Name] (OM/AGM/GM)
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 02-BRM-FNA-FRM-007-00