



CASH CLAIM FORM

Date : 27.12.23

BU/BR/Division : Ramon

Department : Administration

Issue Amount : 216000/- Kyats/ USD

Budget include (or) Not :

Yes  Budgeted Title and Amount :

No  Reasons for :

Required For:

Security OT For (5.12.23, 26.12.2023)

မှတ်ချက်။

(၁) အဆင့်ဆင့်သက်ဆိုင်ရာတာဝန်ရှိလူကြီးမင်းများအားလုံး သေချာစွာစုံစမ်းစစ်ဆေးတွက်ချက်ပြီးထားသော ငွေပမာဏဖြစ်ရပါမည်။  
(The amount requested must be properly calculated, checked and verified by respective authorized person)

(၂) ထုတ်ယူငွေနှင့် ပတ်သက်၍ အမှားအယွင်း၊ လိမ်လည်မှု နှင့် အလွဲသုံးစားမှု တစ်စုံတစ်ရာ ရှိခဲ့ပါက၊ သက်ဆိုင်ရာ တာဝန်ရှိစစ်ဆေးအတည်ပြုသူက အပြည် အပ ပြန်လည်ရရှိအောင် တာဝန်ယူ ဆောင်ရွက်ပေးရမည်  
(If there is errors, frauds or misappropriation, the authorized person must take full responsibility to recover the loss)

Request By

*[Signature]*

Requester

Naw Ahi Moe ya

Checked By

*[Signature]*

Mgr/DH

Nanda Aye Zayin Kinn

Checked By

*[Signature]*

Finance & Account

Khin Soe Win

Approved By

*[Signature]* 27/12/2023

GM/AGM/COO

CMC/CEO/Chairwoman

Ang Hein Win

## OVERTIME REQUEST FORM

Div Name :  
 Department :  
 Reason for Overtime :

: Raman  
 : Administration  
 : အချိန် ပို ၅ နာရီ ခွင့်ပေးရန် စာ တင် ရေးသား တောင်းဆိုခြင်း

No	Date	Name	Rank	Time		Hours	Amount	Remark
				From	To			
1	5.12.23	ဦးသက်ကျော်ဦး		07:00	17:00	8	8000	SHANTUNG
2	5.12.23	စိုးမောင်ညို		17:00	07:00	8	8000	"
3	6.12.23	စည်သူဟိန်		07:00	17:00	8	8000	"
4	17.12.23	စည်သူဟိန်		07:00	17:00	8	8000	"
5	17.12.23	စိုးမောင်ညို		17:00	07:00	8	8000	"
6	17.12.23	သက်ကျော်ဦး		17:00	07:00	8	8000	ဦးသက်ကျော်ဦး < ပို >
7	20.12.23	စည်သူဟိန်		17:00	07:00	8	8000	ဦးစိုးမောင်ညို < အချိန်ပို >
8	22.12.23	စည်သူဟိန်		07:00	17:00	8	8000	< " >
						Total Hours	64 hrs	64000
						Total Amount		

Prepared By  
 Name: ဦး နေဇ်

Knownledged By  
 Name: Naco Ahi Moe yar

Approved By  
 (GM/AGM/COO)  
 Name: Aung Hein Win

Check By HR  
 Name: Zayar Linn

05-CHL-HRM-FRM-020-04



## OVERTIME REQUEST FORM

BU/BR/Div Name :  
 Department :  
 Reason for Overtime :

: Raman  
 : Administration  
 : ရုံး ပိတ်ရက်တာ ဝန်ထမ်း ဆောင်ရွက်ခြင်း

No	Date	Name	Rank	Time		Hours	Amount	Remark
				From	To			
1	7.12.23	ဦး ဇော်စိုး		07:00	17:00	8	8000	အချိန်ပို သား ရှေ့
2	7.12.23	မောင်မောင်		07:00	17:00	8	8000	"
3	7.12.23	သက်ကျော်ဦး		07:00	17:00	8	8000	"
4	7.12.23	နေဇ်		17:00	07:00	8	8000	"
5	7.12.23	သက်ကျော်ဦး		17:00	07:00	8	8000	"
6	7.12.23	စိုးမောင်ညို		17:00	07:00	8	8000	"
7	7.12.23	စည်သူဟိန်		17:00	07:00	8	8000	"
						Total Hours	56 hrs	56000
						Total Amount		

Prepared By  
 Name: ဦး နေဇ်

Knownledged By  
 Name: Naco Ahi Moe yar

Approved By  
 (GM/AGM/COO)  
 Name: Aung Hein Win

Check By HR  
 Name: Zayar Linn


05-CHL-HRM-FRM-020-04

## OVERTIME REQUEST FORM

Div Name : Raman  
 Department : Administration  
 Reason for Overtime :

No	Date	Name	Rank	Time		Hours	Amount	Remark
				From	To			
1.	23.12.23	සහල් පිටපත්		07:30	17:30	8	8000	ප්‍රධාන පිටපත්
2.	24.12	සහල් පිටපත්		07:30	17:30	8	8000	ප්‍රධාන පිටපත්
3.	11	සහල් පිටපත්		17:30	07:30	8	8000	ප්‍රධාන පිටපත්
4.	11	සහල් පිටපත්		17:30	07:30	8	8000	ප්‍රධාන පිටපත්
5.	25.12	ප්‍රධාන පිටපත්		07:30	17:30	8	8000	ප්‍රධාන පිටපත්
6.	11	11 සහල් පිටපත්		07:30	17:30	8	8000	11
7.	11	11 ප්‍රධාන පිටපත්		07:30	17:30	8	8000	11 WHN
8.	11	11 පිටපත්		17:30	07:30	8	8000	11
9.	11	11 සහල් පිටපත්		17:30	07:30	8	8000	11 TNO
<b>Total Hours</b>						72 hrs	72000	
<b>Total Amount</b>								

Prepared By : [Signature] Name: Miyat 200  
 Knowledge By : [Signature] Name: \_\_\_\_\_  
 Approved By (GM/AGM/COO) : [Signature] Name: \_\_\_\_\_  
 Check By HR : [Signature] Name: \_\_\_\_\_  
 05-CHL-HRM-FRM-020-04



## OVERTIME REQUEST FORM

BU/BR/Div Name : Raman  
 Department : Administration  
 Reason for Overtime :

No	Date	Name	Rank	Time		Hours	Amount	Remark
				From	To			
1.	25.12.23	ප්‍රධාන පිටපත්		17:30	07:30	8	8000	ප්‍රධාන පිටපත් (SMMO)
2.	11	සහල් පිටපත්		17:30	07:30	8	8000	11
3.	26.12	සහල් පිටපත්		17:30	07:30	8	8000	ප්‍රධාන පිටපත්
<b>Total Hours</b>						24 hrs	24000	
<b>Total Amount</b>								

Prepared By : [Signature] Name: Miyat 200  
 Knowledge By : [Signature] Name: \_\_\_\_\_  
 Approved By (GM/AGM/COO) : [Signature] Name: \_\_\_\_\_  
 Check By HR : [Signature] Name: \_\_\_\_\_  
 05-CHL-HRM-FRM-020-04