



No. 592, 3rd Floor,
Bo Aung Kyaw Street, Yangon-Pathein Highway Road, Hlaingtharya Yangon



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-CE1-2025-06-00007	Prepared By : CE1_BudgetDataEntry
No	Superior Approved : CE1_BudgetDataEntry
Payment Method : Cash/Bank	By
Payment Amount : 50000.0	Last Approved By : Saw Nan Hlaing
Currency : MMK	
Exchange Rate : 4,440.0	

No.	Description	Department	Request Amount	Remark
1	Miscellaneous	Administration(CE1)	50,000.00	

Expense Total	50,000.00 K
Amount Remain	50,000.00 K

Note:

<p style="text-align: center;"><i>[Signature]</i></p> <p>Superior Check By</p> <p>Name : <u>Saw Htet Htet Hlaing</u></p> <p>NRC No : <u>11/Ra Tha BCN</u></p> <p>Date : <u>04-06-25</u></p> <p>Remark :</p>	<p style="text-align: center;"><i>[Signature]</i></p> <p>F&A</p> <p>Name : <u>Saw Nan Hlaing</u></p> <p>NRC No : <u>01/04/2025</u></p> <p>Date : <u>4.6.25</u></p> <p>Remark :</p>	<p style="text-align: center;"><i>[Signature]</i></p> <p>GM/AGM</p> <p>Name : <u>Min Thu Ya</u></p> <p>NRC No :</p> <p>Date :</p> <p>Remark :</p>	<p style="text-align: center;"><i>[Signature]</i></p> <p>CEO</p> <p>Date : <u>05/06/2025</u></p> <p>Remark :</p>
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