

ADVANCE CLEAR VOUCHER

Requestor Name : Moe Thazin	Budget Type : Include Budget
Department Name :	Payment Type : Advance Clearing
Request Date : 2025-06-11	Advance No : ADV-CE5-2025-05-00003 9105125
Payment Voucher : AC-CE5-2025-06-00007	Prepared By : CE5_BudgetDataEntry
No	Superior Approved : CE5_F&AManager
Payment Method : Cash/Bank	By
Payment Amount : 167000.00	Last Approved By : CE5_BudgetDataEntry
Currency : MMK	
Exchange Rate : 4.450.00	

No	Description	Department	Request Amount	Remark
1	Cleared CE-5 Petty Cash for May '25.	Administration Department(CE5)	167,000.00	

Expense Total	167,000.00 K
Advance Total	300,000.00 K
Refund	133,000.00 K

Note: _____





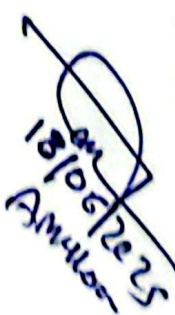
<p style="text-align: center;"><i>[Signature]</i> Superior Check By</p> <p>Name : <u>E.P.L. Nods</u></p> <p>NRC No : <u>4123456789</u></p> <p>Date : <u>6-11-25</u></p> <p>Remark : _____</p>	<p style="text-align: center;"><i>[Signature]</i> F&A</p> <p>Name : <u>Ten Zou Hlaty</u></p> <p>NRC No : _____</p> <p>Date : _____</p> <p>Remark : _____</p>	<p style="text-align: center;"><i>[Signature]</i> GM/AGM</p> <p>Name : <u>Peng The Chit</u></p> <p>NRC No : _____</p> <p>Date : <u>13-6-25</u></p> <p>Remark : _____</p>	<p style="text-align: center;"><i>[Signature]</i> COO</p> <p>Name : _____</p> <p>NRC No : _____</p> <p>Date : _____</p> <p>Remark : _____</p> <p style="text-align: right;"><i>[Signature]</i> 13/6/2025 Amulien</p>
---	--	--	--

GENERAL EXPENSE CLAIM FORM



Company Name : **Mandalay Resources Co. Ltd.**
 Department Name : **Administrat.**

No.	Date	Name	Description	Amount	Remark
1.	9.5.25	E: E Naing	ရက်စွဲများ	20000	CNC (ရက်စွဲများ)
2.	1	"	ကြက်သား (ဓမ္မ:ဓာ) + ၃၂၆ + 200၂ + 2၅၀၂	15000	၀၇၆၀၀၆၀
3.	14.5.25	"	၈၅၂၀၂	18000	1200 x 15 VR
4.	16.5.25	"	ရက်စွဲများ	60000	Payroll VR Agency Security
5.	16.5.25	"	ကြက်သား (ဓမ္မ:ဓာ)	14000	၀၇၆၀၀၆၀ VR
6.	22.5.25	"	၈၅၂၀၂	12000	1200 x 10 VR
7.	23.5.25	"	ကြက်သား (ဓမ္မ:ဓာ)	14000	၀၇၆၀၀၆၀ VR
Total Amount				153000	✓

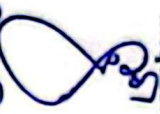
Requested by:  **E: E Naing** (Requester)
 Approved by:  **E: E Naing** (Department Head)
 Checked by:  **E: E Naing** (Related FNA/Corp FNA)
 Approved by:  **E: E Naing** (OM/ADM/GM)
 Approved by:  **E: E Naing** (ACOO/COO/MD/CM)


GENERAL EXPENSE CLAIM FORM




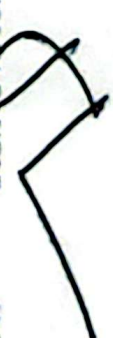
Agency Name : **Mandalay Resources Co. Ltd.**
 Department Name : **Administration**


No.	Date	Name	Description	Amount	Remark
1.	30.5.22	Et Et Naing	Transportation	14,000	on budget
Total Amount				14,000	

Requested by:  **Et Et Naing**
 (Requester)

Approved by:  **The Thawin**
 (Department Head)

Checked by:  **FNA**
 (Related FNA/Corp FNA)

Approved by:  **Aung The Win**
 (OM/ADM/GM)

Approved by:  **Aung The Win**
 (ACCO/COO/MID/CM)

5/31/2022
 Admin



