

CLAIM REQUEST FORM

Requestor Name : Moe Thazin	Budget Type : Include Budget
Department Name:	Payment Type : Claim Payment
Request Date : 2025-05-06	Prepared By : CE5_BudgetDataEntry
Payment Voucher : EX-CE5-2025-05-00003	Superior Approved : CE5_F&AManager
No	By
Payment Method : Cash/Bank	Last Approved By :
Payment Amount : 7500000.0	
Currency : MMK	
Exchange Rate : 4,420.0	

No.	Description	Department	Request Amount	Remark
1	(Claim)Office Building Rental For CE5 = Ks 75L May'25.	Administration Department(CE5)	7,500,000.00	

Expense Total 7,500,000.00 K
Additional/Refund

Note:

<p style="text-align: center;"><i>[Signature]</i> 26/5/25</p> <p>Superior Check By</p> <p>Name : <i>[Signature]</i></p> <p>NRC No : <i>[Signature]</i></p> <p>Date : <i>[Signature]</i></p> <p>Remark :</p>	<p style="text-align: center;"><i>[Signature]</i></p> <p>F&A</p> <p>Name : <i>[Signature]</i></p> <p>NRC No :</p> <p>Date :</p> <p>Remark :</p>	<p>GM/AGM</p> <p>Name :</p> <p>NRC No :</p> <p>Date :</p> <p>Remark :</p>	<p>COO</p> <p>Name :</p> <p>NRC No :</p> <p>Date :</p> <p>Remark :</p>
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