



inch  
 No.49/A, Kyat Sain... Division.Dawei  
 Tel :  
 Fax:

**PAYMENT VOUCHER**

Voucher No. :DWI-PV-2025-07-0062      Cashier :  
 Voucher Date :2025-07-26      To :  
 Currency :MMK

Applicant      Adm. Manager      GM

No	Description	Purpose	Subtotal
1	PAYMENT FOR DAWEI BRANCH OFFICE USED EMPLOYEE DINKING WATER (5)PCS TOTAL AMT-7500 MMK [(1) PCS= 1500]		
Total			7,500.00

Total in Words : \_\_\_\_\_  
 Note : PAYMENT FOR DAWEI BRANCH OFFICE USED EMPLOYEE DINKING WATER (5)PCS TOTAL AMT-7500 MMK [(1) PCS= 1500]  
 Date : 26 July 2025      Name/NRC No : Pyae Phyo Aung      Signature : Py

**CASH CLAIM FORM**

Date : 26 July 2025

BU/BR/Division : Dawei

Department : Admin

Issue Amount : 7500 Kyats/.....USD

Budget include (or) Not :

Yes  Budgeted Title and Amount :

No  Reasons for :

**Required For:**

Dawei Branch Office Used Employee Drinking Water 650 pcs Total Amt - 7500 MMK. (1 pcs - 1500)

မှတ်ချက်။

(၁) အဆင့်ဆင့်သက်ဆိုင်ရာတာဝန်ရှိသူကြီးမင်းများအားလုံး 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 အပြည့် အဝ ပြန်လည်ရရှိအောင် တာဝန်ယူ ဆောင်ရွက်ပေးရမည်

(If there is errors, frauds or misappropriation, the authorized person must take full responsibility to recover the loss)

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Request By

*Pyae Phyo Aung*

Pyae Phyo Aung

Requester

Checked By

*Xlaw Xi Xaw*

Xlaw Xi Xaw

Mgr/DH

Checked By

*May Zin Aung*

May Zin Aung

Finance & Account

Approved By

*Ken*

Ken

GM/AGM/COO

Approved By

CMC/CEO/Chairwoman

*2 later*





# GENERAL EXPENSE CLAIM FORM


DIV/ BR Name : Dacwei


Department Name : Admin

No.	Date	Name	Description	Amount	Remark
1.	26.7.25	Pype Phyo Aung	Employee's Drinking Water CSJ PCS	7500	1PCS x 1500
Total Amount				7500	

Requested by: **Sign :**  **Name :** Pype Phyo Aung (Requester)

Approved by:  **Name :** Dawei (Department Head)

Checked by:  **Name :** May Zin Aung (Related FNA/Corp FNA)

Approved by:  **Name :** (OM/AGM/GM/BOH/ABOH)

Approved by: (ACOO/COO/MD/VCM)

04-CFD-TSU-FRM-001-00