



CLAIM PAYMENT FORM

Requestor Name : Moe Thazin	Budget Type : Include Budget
Department Name :	Payment Type : Claim Payment
Payment Date : 2025-02-10	Prepared By : COP_BudgetDataEntry
Payment Voucher : EX-COP-2025-01-00045	Superior Approved : F&AManagerCOP
No	By
Payment Method : Cash/Bank	Last Approved By : CFD Cashier
Payment Amount : 144000.0	
Currency : MMK	
Exchange Rate : 4,570.0	

No.	Description	Department	Paid Amount	Remark
1	CE-5 Security OT (Replacement OT)	Administration Department(COP)	144,000.00	

Expense Total 144,000.00 K
Additional/Refund

Note: -----

Paid By *Hlaing*
 : Su Su Hlaing
 NRC No : _____
 Date : 10/02/25

Received By
 Name : ei ei naing
 NRC No : 14/AGP (4) 23144
 Date : 10-2-2025

10/2/25

No. 152, Hlaingtharya Industrial Zone (4)
Min Gyi Mahar Min Street, Hlaingtharya, Yangon

CLAIM REQUEST FORM




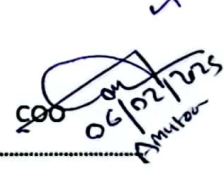
Requestor Name : Moe Thazin
 Department Name :
 Payment Date :
 Payment Voucher : EX-COP-2025-01-00045
 No
 Payment Method : Cash/Bank
 Payment Amount : 144000.0
 Currency : MMK
 Exchange Rate : 4,570.0

Budget Type : Include Budget
 Payment Type : Claim Payment
 Prepared By : COP_BudgetDataEntry
 Superior Approved : F&A Manager COP
 By
 Last Approved By : COP_BudgetDataEntry

No.	Description	Department	Request Amount	Remark
1	CE-5 Security OT (Replacement OT)	Administration Department(COP)	144,000.00	

Expense Total 144,000.00 K ✓
 Additional/Refund

Note: _____

	 Superior Check By	 F&A	 GM/AGM	 COO
Name :	Name :	Name :	Name :	Name :
NRC No :	NRC No :	NRC No :	NRC No :	NRC No :
Date :	Date :	Date :	Date :	Date :
Remark :	Remark :	Remark :	Remark :	Remark :

MG

OVERTIME REQUEST FORM

DIV Name : CE 5 BU
 Department Name : security
 Reason for Overtime : အထူးအမှု OT စာရင်းပေးပို့

No.	Date	Name	Position Level	Time		Hours	Amount	Remark
				From	To			
1.	11.1.25	ဥက္ကဋ္ဌလမ်းအိမ်ထောင်		07:00	17:00	10:00	800000	အထူးအမှု OT
2.	11.1.25	ဝင်းနိုင်ထွန်း		17:00	07:00	14:00	800000	~
3.	12.1.25	~		07:00	17:00	10:00	800000	~
4.	12.1.25	မာမာမောင်		07:00	17:00	~	800000	~
5.	13.1.25	~		07:00	17:00	~	800000	~
6.	13.1.25	ဝင်းနိုင်ထွန်း		07:00	17:00	~	800000	~
7.	13.1.25	ဥက္ကဋ္ဌလမ်းအိမ်ထောင်		17:00	07:00	14:00	800000	~
8.	14.1.25	မာမာမောင်		07:00	17:00	10:00	800000	~
9.	14.1.25	~		17:00	07:00	14:00	800000	~
						Total Hours		
						Total Amount		7200000

Requested by

Sign :

Name : Win Naing Tun
 (Requestor)

Approved by

(DH)

Approved by

(GM/AGM/COO)

Checked by

(HR)

05-CHL-HRM-FRM-020-05



OVERTIME REQUEST FORM

BU/BR/DIV Name : CE 5 BU
 Department Name : security
 Reason for Overtime : အားနည်းတဲ့အခါအတွက်

No.	Date	Name	Position Level	Time		Hours	Amount	Remark
				From	To			
1.	14.1.25	အောင်ကျော်စွာ		17:00	07:00	14:00	80000	အားနည်းတဲ့အခါ
2.	15.1.25	"		17:00	07:00	"	80000	"
3.	15.1.25	မောင်ကျော်စွာ		17:00	07:00	"	80000	"
4.	15.1.25	အောင်ကျော်စွာ		17:00	07:00	"	80000	"
5.	16.1.25	"		17:00	07:00	"	80000	"
6.	16.1.25	မောင်ကျော်စွာ		17:00	07:00	"	80000	"
7.	17.1.25	"		07:00	17:00	10:00	80000	"
8.	17.1.25	အောင်ကျော်စွာ		17:00	07:00	14:00	80000	"
9.	18.1.25	"		07:00	17:00	10:00	80000	"
						Total Hours	720000	
						Total Amount		

Requested by
 Sign :
 Name : Win Naing Tun
 (Requestor)

Approved by

 (DH)

Approved by

 (GM/ADM/COO)

Checked by
 (HR)

05-CHL-HRM-FRM-020-05