





CLAIM REQUEST FORM

Requestor Name	: Thin Zar Moe Htet	Budget Type	: Include Budget
Department Name	: Production (ATT)	Payment Type	: Claim Payment
Request Date	: 2025-07-25	Prepared By	: Zin Nyein Oo(2)
Payment Voucher No	: EX-ATT-2025-07-00018	Superior Approved By	: Aung Kyaw Myint(3)
Payment Method	: Cash/Bank	Last Approved By	: Aung Kyaw Myint(3)
Payment Amount	: 90000.0		
Currency	: MMK		
Exchange Rate	: 4,490.0		

No.	Description	Department	Request Amount	Remark
1	Machine repaired charges,workshop used,Forklift,MFD-F4AF18971,PIC-Thin Zar Moe Htet	Production Department (ATT)	90,000.00	

Expense Total 90,000.00 K
Additional/Refund

Note:

				
Superior Check By	<u>Thin Zar Moe Htet</u>	F&A	<u>Zin Nyein Oo</u>	GM/AGM
Name	: <u>Thin Zar Moe Htet</u>	Name	: <u>Zin Nyein Oo</u>	Name
NRC No	: _____	NRC No	: _____	NRC No
Date	: _____	Date	: _____	Date
Remark	: _____	Remark	: _____	Remark

28/07/2025
Aye Min Htoon