



inch

No.49/A, Kyat Sai... Tsp, Tanintharyi Division. Dawei  
Tel :  
Fax:

### PAYMENT VOUCHER

Voucher No. :DWI-PV-2025-06-0045 Cashier :  
Voucher Date :2025-06-17 To :  
Currency :MMK

Applicant Adm. Manager GM

No	Description	Purpose	Subtotal
1	PAYMENT FOR DAWEI BRANCH EMPLOYEE'S DRINKING WATER & PAGODA FLOWER CHARGES TOTAL AMT-12,500 MMK.		

Total 12,500.00

Total in Words : \_\_\_\_\_

Note : PAYMENT FOR DAWEI BRANCH EMPLOYEE'S DRINKING WATER & PAGODA FLOWER CHARGES TOTAL AMT-12,500 MMK.

Date : 17. June. 2025 Name/NRC No : Pyae Phyo Aung Signature : [Signature]

# CASH CLAIM FORM

Date : 17 June 2025

BU/BR/Division : Dawei

Department : Admin

Issue Amount : 12,500 Kyats/ USD

Budget include (or) Not :

Yes  Budgeted Title and Amount :

No  Reasons for :

**Required For:**

Dawei Branch Employee's Drinking Water & Pagoda Flowers Charges. Total Amt - 12500 MMK.

**မှတ်ချက်။**

(၁) အဆင့်ဆင့်သက်ဆိုင်ရာတာဝန်ရှိလူကြီးမင်းများအားလုံး သေချာစွာစုံစမ်း၊စစ်ဆေး၊တွက်ချက်ပြီးထားသော 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)

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

Request By



Pye Phyo Aung

Requester

Checked By



Maw Xin Nwe Maw Zin Aung

Mgr/DH

Checked By



Finance & Account

Approved By



GM/AGM/COO

Approved By

CMC/CEO/Chairwoman

## GENERAL EXPENSE CLAIM FORM

Name : Dawei

Department Name : Admin

No.	Date	Name	Description	Amount	Remark
1.	17-Jan-25	Pype Phyo Aung	Employee's Drinking Water (8.6.25)	6000	
			Employee's Drinking Water (13.6.25)	1500	
			Pagoda Flower (17.6.25)	5000	
<b>Total Amount</b>				<b>12500</b>	


Requested by

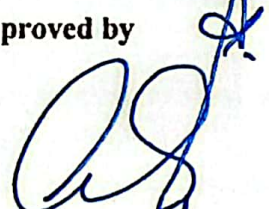
Approved by

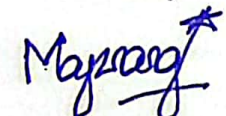
Checked by

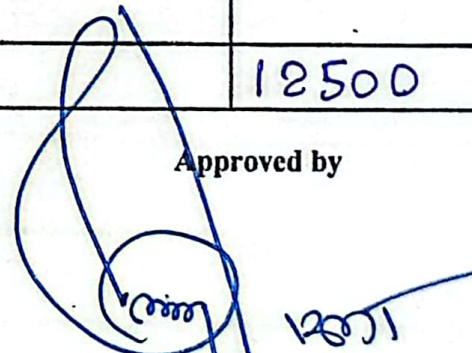
Approved by

Approved by

Sign :   
 Name : Pype Phyo Aung  
 (Requester)

  
 Dawei  
 (Department Head)

  
 May Zin Aung  
 (Related FNA/Corp FNA)

  
 (OM/AGM/GM/BOH/ABOH)  
 176.0025

(ACOO/COO/MD/VCN)



# GENERAL EXPENSE CLAIM FORM

PR Name : Dawei  
 Department Name : Admin

No.	Date	Name	Description	Amount	Remark
1.	17-Jan-25	Pype Phyo	Employee's Drinking Water (8-6-25)	6000	
		Aung	Employee's Drinking Water (13-6-25)	1500	
			Pagoda Flower (17-6-25)	5000	
Total Amount				12500	

Requested by

Approved by

Checked by

Approved by

Approved by

Signature :

Name : Pype Phyo Aung  
(Requester)

Name : Dawei  
(Department Head)

Name : Mag Zin Aung  
(Related FNA/Corp FNA)

(OM/AGM/GM/BOH/ABOH)

Name : Paim See Lynn  
(ACOO/COO/MD/VCS)

176.2025

Sub:

04-CFD-TSU-FRM-001-00