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

PAYMENT VOUCHER

Voucher No. :DWI-PV-2025-05-0019

Cashier :

Voucher Date :2025-05-07

To :


Currency :MMK

Applicant	Adm. Manager	GM
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No	Description	Purpose	Subtotal
1	PAYMENT FOR DAWEI BRANCH OFFICE USED MYTEL WI FI CHARGES FOR APR'25 TOTAL AMT-50,000 MMK.		
Total			50,000.00

Total in Words : _____

Note : PAYMENT FOR DAWEI BRANCH OFFICE USED MYTEL WI FI CHARGES FOR APR'25 TOTAL AMT-50,000 MMK.

Date : 7. May. 2025 Name/NRC No : Naromi Nardlar Aye Signature : 

CASH CLAIM FORM

Customer Name
 From The Name
 To The Name
 Myo Khing

Date : 7. May. 2025

BU/BR/Division : Davao

Department : Admin

Issue Amount : 50000 Kyats/.....USD

Budget include (or) Not :

Yes Budgeted Title and Amount :

No Reasons for :

Required For:

Davao Branch office used Mtelx Mytel wifi charges for
 Apr' 25. Total Amnt - 50000 MMK

မှတ်ချက်။

(၁) အဆင့်ဆင့်သက်ဆိုင်ရာတာဝန်ရှိလူကြီးမင်းများအားလုံး သေချာစွာစစ်ဆေး၊ 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)

Request By

Checked By

Checked By

Approved By

Approved By

[Signature]
 Daw Ni Nandor Aye
 Requester

[Signature]
 Daw Ni Nandor Aye
 Mgr/DH

[Signature]
 May Lin Aung
 Finance & Account

[Signature]
 GM/AGM/CEO

[Signature]
 CMC/CEO/Chairwoman

04-CFD-CAS-FRM-005-03



Telecom International Myanmar Co., Ltd.

No: 0511334
Date: 6.5.2025

CASH RECEIPT

Var Zor Soe

Payer Name:

Payer ID/Cef:

Payer Address: In-gfth - sockyz < for April

Pay for:

Amount: 500001 MMK USD Other:

In word:

Enclosure:

For Mytel employee only:

Received enough money (in words): 7.5.2025

Dawe: Branch office used mytel wifi Bill charges for Apr'25

Py

RECEIVER:

Position:

Tel:

Email:

Handwritten signature and name: Mayrogy

PAYER:

Position:

Tel:

Email: