



CLAIM PAYMENT FORM

Requestor Name : Moe Thazin	Budget Type : Include Budget
Department Name :	Payment Type : Claim Payment
Payment Date : 2025-02-24	Prepared By : COP_BudgetDataEntry
Payment Voucher : EX-COP-2025-02-00021	Superior Approved : F&AManagerCOP
No	By
Payment Method : Cash/Bank	Last Approved By : CFD Cashier
Payment Amount : 64000.0	
Currency : MMK	
Exchange Rate : 4,490.0	

No.	Description	Department	Paid Amount	Remark
1	CE-2 Security OT (Office brick wall jay strip & painting..)	Administration Department(COP)	64,000.00	

Expense Total 64,000.00 K
Additional/Refund

Note: _____

Paid By *Hlain g*
 Name : *Su Su Hlain g*
 NRC No : *91166000258879*
 Date : *24/2/25*

Received By
 Name : *ei ei ming*
 NRC No : *4/AGPAM8744*
 Date : *24 - Feb - 25*

OS
24/2/25

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

CLAIM REQUEST FORM

Requestor Name : Moe Thazin	Budget Type : Include Budget
Department Name :	Payment Type : Claim Payment
Payment Date :	Prepared By : COP_BudgetDataEntry
Payment Voucher No : EX-COP-2025-02-00021	Superior Approved By : F&AManagerCOP
Payment Method : Cash/Bank	Last Approved By : COP_BudgetDataEntry
Payment Amount : 64000.0	
Currency : MMK	
Exchange Rate : 4,510.0	

No.	Description	Department	Request Amount	Remark
1	CE-2 Security OT (Office brick wall jay strip & painting..)	Administration Department(COP)	64,000.00	

Expense Total 64,000.00 K
Additional/Refund

Note:

<p>Superior Check By Name : <u>Moe Thazin</u> NRC No : <u>91608721120783</u> Date : <u>14/21/2025</u> Remark :</p>	<p>F&A Name : <u>Min Zin Hlaing</u> NRC No : <u>14/21/2025</u> Date : <u>14/21/2025</u> Remark :</p>	<p>GM/AGM Name : <u>Min Zin Hlaing</u> NRC No : <u>14/21/2025</u> Date : <u>14/21/2025</u> Remark :</p>	<p>COO Name : <u>Min Zin Hlaing</u> NRC No : <u>14/21/2025</u> Date : <u>14/21/2025</u> Remark :</p>
---	---	--	---



OVERTIME REQUEST FORM

BU/BR/DIV Name : C.E.2

Department Name : GA အုတ်ကံတိုင်းဆေးဆုတ် - ရိုးချွတ်

Reason for Overtime :

No.	Date	Name	Position Level	Time		Hours	Amount	Remark
				From	To			
1	4.1.2025	ဒိုးဆန်းနွဲ့မြ.		07:00	17:00		8000	ဆေးဆုတ်.
2	"	" ဇွဲတိုး		07:00	17:00		8000	"
3	"	" ဆန်းလွင်		07:00	17:00		8000	"
4	"	" အောင်အောင်မြင့်		07:00	17:00		8000	"
5	5.1.2025	" ဆန်းနွဲ့မြ.		07:00	17:00		8000	"
6	"	" ဇွဲတိုး		07:00	17:00		8000	"
7	"	" ဆန်းလွင်		07:00	17:00		8000	"
8	"	" အောင်အောင်မြင့်		07:00	17:00		8000	"
Total Hours							64000	
Total Amount								

Requested by

Sign :
Name : ဒိုးဆန်းနွဲ့မြ
(Requestor)

Approved by

(DH)

Approved by

(GM/AGM/COO)

Checked by

(HR) Moe Moe

05-CHL-HRM-FRM-020-05