



UMG **inch**
 No.49/A, Kyat Sâ : yin Aungmye, Dawei Tsp, Tanintharyi Division. Dawei
 Tel :
 Fax:

PAYMENT VOUCHER

Voucher No. :DWI-PV-2025-06-0060 Cashier :
 Voucher Date :2025-06-20 To :
 Currency :MMK

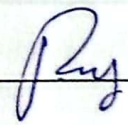
Applicant Adm. Manager GM

No	Description	Purpose	Subtotal
1	PAYMENT FOR DAWEI BRANCH TAXI CHARGES (YGN OFFICE - ACADEMY HOTEL) FOR CUSTOMER U CHAN MYAE HTUN (COP/INV/DWI/2025/JUN/0005) TOTAL AMT- 70,000 MMK.		

Total 70,000.00

Total in Words : _____

Note : PAYMENT FOR DAWEI BRANCH TAXI CHARGES (YGN OFFICE - ACADEMY HOTEL) FOR CUSTOMER U CHAN MYAE HTUN (COP/INV/DWI/2025/JUN/0005)
TOTAL AMT- 70,000 MMK.

Date : 20. June. 2025 Name/NRC No : May Htet Paing Signature : 

Date : 20.6.2025

BU/BR/Division : Dawa

Department : s'paxt

Issue Amount : 7000.0 Kyats/ USD

Budget include (or) Not :

Yes Budgeted Title and Amount :

No Reasons for :

Required For:

Taxi Charges - 70000 kg (Customer U Chan Myae Htan)
Dktl - CPO - COP - 2025 - Jun - 005, Dktl - CPO - COP - 2025 - Jun - 004
ygn office km3 (Hotel) ခို့

မှတ်ချက်။

(၁) အဆင့်ဆင့်သက်ဆိုင်ရာတာဝန်ရှိသူကြီးမင်းများအားလုံး သေချာစွာစုံစမ်းစစ်ဆေးတွက်ချက်ပြီးထားသော 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

Requester: May Thet Paing

Checked By

Checked By: May Zin Aung

Checked By

Checked By: May Zin Aung

Approved By

Approved By: [Signature]

Approved By

May Thet Paing



GENERAL EXPENSE CLAIM FORM

Requester Name : Dawei Boanch

Department Name : sport

No.	Date	Name	Description	Amount	Remark
1.	20-6-25	May Thet Paing	Delivery Charges (Taxi Charges)	70000	Customer U Chan Myae Htun
			Ygn office to smso (copy of:)	7	DWI-CPO-COP- 2025-Jun/005
					DWI-CPO-COP- 2025-Jun-004
					COP/Tone/DWI/2025/
Total Amount				70000	Jun/0005

Requested by
Sign : *Req.*

Name : *May Thet Paing*
(Requester)

Approved by
[Signature]
(Department Head)

Checked by
Mayrang
May Zin Aung
(Related FNA/Corp FNA)

Approved by
[Signature]
(OM/AGM/GM/BOH/ABOH)
20-6-25

Approved by
(ACOO/COO/MD/VCM)

04-CFD-TSU-FRM-001-00