



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

PAYMENT VOUCHER

Voucher No. :DWI-PV-2025-06-0002 Cashier :
 Voucher Date :2025-06-03 To :
 Currency :MMK

Applicant Adm. Mananger 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 : 3. June. 2025 Name/NRC No : Pyae Phyo Aung Signature :

CASH CLAIM FORM

Date : 3 June 2025

BU/BR/Division : Dawei

Department : Admin

Issue Amount : 12500/ Kyats/ USD

Budget include (or) Not :

Yes [] Budgeted Title and Amount :
No [] Reasons for :

Required For: Dawei Branch Employee's Drinking Water & Pagoda Flower Charges. Total Amt - 12500 MMK.

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

Request By
Pyee Phyo Aung
Requester

Checked By
Naw Si Wundar Ky
Mgr/DH
Checked By
May Zn Aung
Finance & Account

Approved By
Approved By
GM/AGM/COO
CMC/CEO/Chairwoman



GENERAL EXPENSE CLAIM FORM

Requester Name : Dacwei

Department Name : Admin

No.	Date	Name	Description	Amount	Remark
1.	8. Jan. 25	Pyee Phyo Aung	Employee's Drinking Water (28.5.25)	3000	1 PC3 x 1500
			Employee's Drinking Water (27.5.25)	1500	1 PC3 x 1500
			Employee's Drinking Water (31.5.25)	4500	1 PC3 x 1500
			Pagoda Flower (27.5.25)	8500	
Total Amount				12500	

Requested by: Pyee Phyo Aung
 Sign: [Signature]
 Name: Pyee Phyo Aung
 (Requester)

Approved by: [Signature]
 Name: May Zin Aung
 (Department Head)

Checked by: [Signature]
 Name: May Zin Aung
 (Related FNA/Corp FNA)

Approved by: [Signature]
 Name: Khin Mar Thi
 (OM/AGM/GM/BOH/ABOH)

Approved by: [Signature]
 Name: [Signature]
 (ACOO/COO/MD/VCN)

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