



No.589-592,Bo Aung Kyaw Street,Yangon-Pathein High Way Road,Hlaing Thar Yar Township, Yangon, Myanmar.

Print Date : 14-May-2025

Monthly Fuel Clear

Vehicle Number	Holding Business	Requisition Date	For Month	Contract Name	Advance	Actual			Monthly Usage Kilo	Remark
					Advance Amount	Actual Issue Gallon	Actual Charges Amount	Actual Approved Status		
4H/9692	Consumable (Yangon)	2025-05-13	April	Nyan Win Phyo	90,000	7	90,000	Close	566	Car Fuel clear of 4H/9692 for Apr'25.

Print Date : 14-May-2025

Monthly Kilo Record

Vehicle No	Holding Business	Out Date	Time Out	In Date	Time In	Start Kilo	End Kilo	Different Kilo	Purpose	Way	Driver Name	Remark
4H/9692	Consumable (Yangon)	2025-04-23	09:15	2025-04-23	16:34	281,753	282,201	448	Sale and Ar collect,order delivery	CNTZ,PGTG,MHAM	Thein Hlike Aung	Sale and Ar collect,order delivery with Ko Nyan Win Phyo and Ko Thein Hlike Aung
4H/9692	Consumable (Yangon)	2025-04-24	09:10	2025-04-24	16:15	282,201	282,236	35	Sale and Ar collect	CMTZ,CATZ	Thein Hlike Aung	Sale and Ar collect with Ko Nyan Win Phyo
4H/9692	Consumable (Yangon)	2025-04-25	08:28	2025-04-25	11:19	282,236	282,248	12	Sale	MHAM	Thein Hlike Aung	Sale and Ar collect with Ko Nyan Win Phyo
4H/9692	Consumable (Yangon)	2025-04-28	09:49	2025-04-28	16:34	282,248	282,271	23	Sale and Ar collect	CMTZ, MHAM	Thein Hlike Aung	Sale and Ar collect
4H/9692	Consumable (Yangon)	2025-04-29	09:30	2025-04-29	16:38	282,271	282,290	19	Sale and Ar collect	CATZ,MHAM	Thein Hlike Aung	Sale and Ar collect with Ko Nyan Win Phyo and Ko Arkar Poe
4H/9692	Consumable (Yangon)	2025-04-30	09:15	2025-04-30	16:34	282,290	282,319	29	Sale and Ar	CMTZ, MHAM	Thein Hlike Aung	Sale and Ar collect with Ko Nyan Win Phyo



Hyee NMD

MANDALAY THEIKPAN STATION

Contact No : 09 940 549 287

Receipt No: 03809285
Date/Time : 22-04-2025 (09:14)
Pump Noz : 1/ 4
Product : OCTANE 92 RON
Lit/Price : 21.016 x 2855 K

Total : 60,000 K
MOP : Cash
Plate : 4H9692
Thank you ... See You Again!

			Total Amount

Requested by

Approved by

Sign : *E Shwe Sin*

Name : *[Signature]*
(315125)
(Requester)

(Department Head)

(Rela



people origin

GENERAL EXPENSE CLAIM FORM



Company Name :

Department Name :

No.	Date	Name	Description	Amount	Remark
10	2.4.2025	4H 9692	fuel charges for Apr'25	30,000/-	amount မဝင်ရန်ပေးပါ
Total Amount					

Requested by

Approved by

Checked by

Approved by

Approved by

Sign : *E. Shwe Sin*

Name : *[Signature]*
 (Requester)
 13/5/25

(Department Head)

(Related FNA/Corp FNA)

(OM/AGM/GM)

(ACOO/COO/MD/VCM)