UTAMA MEDGROUP

Voucher No: PV001UMG

Lot 5138S-A, Lorong 1g Mohd Amin, Jln Wan Hassan, Kg Batu 4 Email: provider_utama@klinikutama24jam.com

PAYMENT VOUCHER

Date: 14/08/2025

PAY	то:		
Empl	oyee Name		
No.	Description	Claim Type	Amount (RM)
1	financial	financial	100.00
2	financial	financial	150.00
3	financial	financial	75.50
4	financial	financial	120.00
5	financial	financial	85.00
MALAYSIA RINGGIT : TOTAL			530.50
MALAYSIA RINGGIT : FIVE HUNDRED THIRTY RINGGIT AND FIFTY SEN ONLY			
	Prepared By	Checked By	Approved By