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