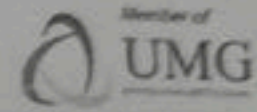








GENERAL EXPENSE CLAIM FORM



Company Name : r1c

Department Name : Administration

No.	Date	Name	Description	Amount	Remark
I	24.4.25	မြတ်နိုး ချစ်	YCDC	450081	အဖွဲ့ကိစ္စများ
				7	
Total Amount				450081	

Requested by
Sign : *[Signature]*

Approved by
[Signature]

Checked by
[Signature]
24/4/25

Approved by
[Signature]
24/4/2025

Approved by

Name : Myat Nae Chit Thae Nu Uai
(Requester)

Thwe Thwe Mar
(Department Head)

Chit San Ko
(Related FNA/Corp FNA)

Aye Min Htoon, U
(OM/AGM/GM)

(ACOO/COO/MD/VCM)