



# GENERAL EXPENSE CLAIM FORM



Company Name : Chrysanthernum.wealth

Department Name : Administration

No.	Date	Name	Description	Amount	Remark
1	15.8.24	New Prax Mue	30918085 (S) m\$	400000	Reman
Total Amount				400000/-	

Request by *[Signature]*

Approved by *[Signature]*

Checked by

Approved by

Approved by

Name : New Prax Mue  
(Requester)

*[Signature]*  
(Department Head)

*[Signature]*  
(Related FNA/Corp FNA)

*[Signature]*  
(OM/AGM/GM/BOH)

*[Signature]*  
(ACOO/COO/MID/VC/M)