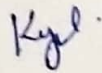
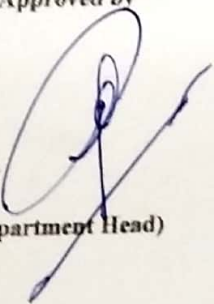
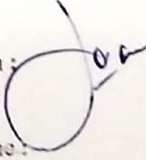


GENERAL EXPENSE CLAIM FORM

BU/BR/DIV Name : PG BU

Department Name : Rental

No.	Date	PIC Name	Description	Category (Customer (Or) Operation)	Cost (MMK)	Remark
1	7.1.25	Aung Ko Oo	Delivery to Latputta	Operator	10000	အိတ်ကပ် ခရီးစဉ်
Total General Expense					10000/-	

Requested by	Approved by	Checked by	Approved by	Approved by
Sign : 	Sign : 	Sign : 	Sign :	Sign :
Name : <u>Keyl Sin Thway</u>	Name :	Name :	Name :	Name :
(Requester)	(Department Head)	(Finance & Account)	(OM/AGM/GM)	(ACOO/COO/MD/VCM)

02-PWG-FNA-FRM-001-00