



GENERAL EXPENSE CLAIM FORM



Company Name : RE
 Department Name : Service

No.	Date	Name	Description	Amount	Remark	
10	20.9.24	Aung Ko Ko Co	Voucher of Contact ပစ္စည်း ချိတ်ဆက်	12,500/-	Service of ချိတ်ဆက်	
			(Lock 5 pcs x 2500)	7	ချိတ်ဆက်	
			09.89708009		ချိတ်ဆက်	
Total Amount					12,500/-	

Requested by : Phyo Phyo
 Name : Ei Phyo Phyo Aung Ko Ko Co
 (Requester)

Approved by : [Signature]
 Name : Aung Ko Ko Co
 (Department Head)

Checked by : [Signature]
 Name : Nway Nway
 (Related FNA/Corp FNA)

Approved by : Phyo Phyo
 (OM/AGM/GM)

Approved by : _____
 (ACOO/COO/MD/VCN)

