



GENERAL EXPENSE CLAIM FORM



Company Name : - Chrysanthemum-wealth

Department Name : - Administration

No.	Date	Name	Description	Amount	Remark
7	20.11.24	Naw Phaw Moe	Bar sur တာဝန်ခံချက် (Reman 30)	50000/-	
			1000x50 (Recon 20)	7	
Total Amount				50000/-	

Request by Sign : *[Signature]*
Name : Naw Phaw Moe (Requester)

Approved by (Department Head)
Checked by (Related FNA/Corp FNA)
Approved by (OM/AGM/GM/BOH)
Approved by (ACOO/COO/MD/VCM)

02-BRM-FNA-FRM-007-01

