



GENERAL EXPENSE CLAIM FORM



Company Name : - Chrysanthemum-wealth

Department Name : - Administration

No.	Date	Name	Description	Amount	Remark
1	26.3.25	Naw Phaw Mee	Sur Sur လောက်စာအုပ် (1000x50)	50,000	
Total Amount				50000/-	

Request by

Approved by

Checked by

Approved by

Approved by

Sign :

Name : Naw Phaw Mee
(Requester)

Khainy Ngein Aye
(Department Head)

Tin Nwe Htoo
(Related FNA/Corp FNA)

Maung Maung
(OM/AGM/GM/BOH)

Ko Aye Min Htoo
(ACOO/COO/MD/VCM)

02-BRM-FNA-FRM-007-01

