



GENERAL EXPENSE CLAIM FORM



Company Name : Win Motor

Department Name : Administration

No.	Date	Name	Description	Amount	Remark
1.	29-10-24	Zin Mar Win	၈၅၂၁၆.၇၇:၀၀၅	12300 ✓	For customer
			၈၅၂၁၆.၇၇:၀၀၅	20000 ✓	li
			၈၅၂၁၆.၇၇:၀၀၅	25000 ✓	n
			၈၅၂၁၆.၇၇:၀၀၅	25000 ✓	n
				7	
Total Amount				823081. ✓	

Request by: *Zin Mar Win* (Requester)

Approved by: *[Signature]* (Department Head)

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

Approved by: *[Signature]* (OM/AGM/GM/BOH)

Approved by: *[Signature]* (ACOO/COO/MD/VC/M)

Sign: *Zin Mar Win*

Name: *Zin Mar Win* (Requester)

Lae Lae Mon (Department Head)

Zin Mar (Related FNA/Corp FNA)

Moung Moung (OM/AGM/GM/BOH)

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