




GENERAL EXPENSE CLAIM FORM



Company Name : - Chrysanthemum - wealth

Department Name : - Administration

No.	Date	Name	Description	Amount	Remark
1	10.2.25	Naw Phaw Mue	၂၀၀၀ ၂၀၀၀ ဝေဟာကရ ဝန် (1000x50)	50000	
				7	
Total Amount				50000	

Request by Sign :  Name : Naw Phaw Mue (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