



GENERAL EXPENSE CLAIM FORM



Company Name : - Chrysothemum-wealth

Department Name : - Administration

No.	Date	Name	Description	Amount	Remark
1	4.4.25	Naveen Mee	Gun Gun company (53)	53000/-	
Total Amount				53000/-	

Request by

Approved by

Checked by

Approved by

Approved by

Sign :

Name : Naveen Mee
(Requester)

(Department Head)

(Related FNA/Corp FNA)

(OM/AGM/GM/BOH)

(ACOO/COO/MD/VCM)

02-BRM-FNA-FRM-007-01