



# GENERAL EXPENSE CLAIM FORM

Requester Name : S. May. 2025

Department Name : Admin

No.	Date	Name	Description	Amount	Remark
1.	8.5.25	Khin Pa Pa Phyo	၁၃၅၀:၀၆:	20,000/-	(Feb'25 ~ (5-May-25) ကံ့ပေပေပေပေ
Total Amount				20,000/-	

Requested by

Approved by

Checked by

Approved by

Approved by

Sign :

for

Name :

Khin Pa Pa Phyo  
(Requester)

(Department Head)

(Related FNA/Corp FNA)

(OM/AGM/GM/BOH/ABOH)

Paing Soe Lynn  
(ACOO/COO/MD/VCN)