



people origin

# GENERAL EXPENSE CLAIM FORM



Company Name : **MAC**

Department Name : **Administration**

No.	Date	Name	Description	Amount	Remark
1.	A.2.25	Aung Thiha myo	ရေဆီ.ဘူး: 20 (1ဘူး: -1100)	22,000/-	13.1.25 10000.005
2.			ဘူရားပိတ်	4,000/-	15.1.25 u
3.			နှစ်: ဆီ	3,000/-	" "
4.			ဘဝရည်	2,000/-	" "
Total Amount				31,000/-	

Request by  
Sign :

Name : **Aung Thiha myo**  
(Requester)

Approved by  
  
Name : **SWE Win**  
(Department Head)

Checked by  
**Pyae Phyo Zin**  
(Related FNA/Corp FNA)

Approved by  
**Seird 2 Thee**  
(OM/AGM/GM/BOH)

Approved by  
(ACOO/COO/MD/VCM)

02-BCU-FNA-FRM-002-01

