



GENERAL EXPENSE CLAIM FORM



Company Name : - Chrysanthemum-wealth

Department Name : Administration

No.	Date	Name	Description	Amount	Remark
1	23.9.24	Naw Phaw Mue	San San ဝတ်ကျော့ (900x60)	54000	
				7	
Total Amount				54000	

Request by: Sign: [Signature] Name: Naw Phaw Mue (Requester)

Approved by: [Signature] Name: Zayar Lin (Department Head)

Checked by: [Signature] Name: Tin Nwe Hwe (Related FNA/Corp FNA)

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

Approved by: [Signature] Name: (ACOO/COO/MD/VCM)

02-BRM-FNA-FRM-007-01