

GENERAL EXPENSE CLAIM FORM

Company Name : - Chrysanthemum-wealth

Department Name : Administration

No.	Date	Name	Description	Amount	Remark
1	10.9.24	Naw Phaw Mue	San San ဓာတ် (900x60)	54000/-	
				7	
Total Amount				54000	

Request by

Approved by

Checked by

Approved by

Approved by

Sign :

(Signature)

Name : Naw Phaw Mue
 (Requester)

(Signature)
 (Department Head)

(Signature)
 (Related FNA/Corp FNA)

(Signature)
 (OM/AGM/GM/BOH)

(ACOO/COO/MD/VCM)

02-BRM-FNA-FRM-007-01