



GENERAL EXPENSE CLAIM FORM



Origin

Company Name

: MAC

Department Name

: Administration

No.	Date	Name	Description	Amount	Remark
1.	22.4.25	Aung Thiha Myo	Under-table changes claim of MAC zone (1) closing process for. Apr: 25	100,000/-	Zone (1) MAC ရက်စွဲ: ၂၀၂၅ ခု ဇူလိုင်လ ၂၅ ရက် ရက်စွဲ: ၂၀၂၅ ခု ဇူလိုင်လ ၂၅ ရက် အကျဉ်းချုပ်: ၂၀၂၅ ခု ဇူလိုင်လ ၂၅ ရက်
Total Amount					

Requested by

Approved by

Checked by

Approved by

Approved by

Sign :

Name :

Aung Thiha Myo

Ma Sue Win

Ma Aye Aye Win

Ma Seint Thu

Sayar W Aye Min Htoon

(Requester)

(Department Head)

(Related FNA/Corp FNA)

(OM/AGM/GM)

(ACOO/COO/MD/VCM)

02-BCU-FNA-FRM-002-01