


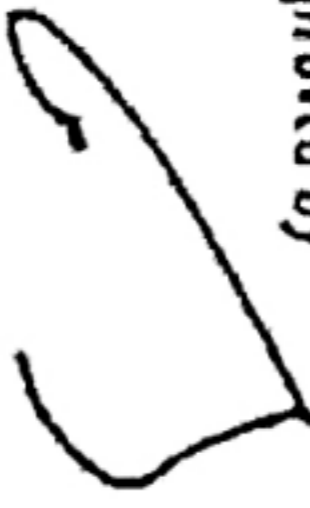



UMG

GENERAL EXPENSE CLAIM FORM

FNA: ER Name : Myung Ky An Borch
Department Name : Admin Dept

No.	Date	Name	Description	Amount	Remark
10	3-7-2024	Aye E Mon	OPPOE USE FOR DRINKING under expenses for February ALD OPPOE 1000X10 Pes	10,000/-	
Total Amount				10,000/-	

Requested by:  Approved by:  Checked by:  Approved by:  Approved by: 

Name: Aye Aye Mon Aye Aye Mon Shwe Bin Chin Myat Ho Ho Aye . Phing Soe Legon
(Requester) (Department Head) (Reduced FNA/Corp FNA) (ON/ACN/IGN/BOI/VAUOI) (ACOO/COO/NID/V/CN)