

Q: UMG

GENERAL EXPENSE CLAIM FORM

DIVISION NAME

: AUP Branch

Department Name

: Admin Dept

No	Date	Name	Description	Amount	Remark
1.	00.7.21	Aye Aye Mon	expense case for printer charges	20,000/-	
	29.9.21		for roll'ed cameras	2	
2.	00.7.21	Aye Aye Mon	Expenses	5000/-	
	31.7.21	Aye Aye Mon	Expenses		
Total Amount					

Requested by

[Signature]

Approved by

[Signature]

Checked by

[Signature]

Approved by

[Signature]

Approved by

[Signature]

Name: Aye Aye Mon

(Requester)

Aye Aye Mon

(Department Head)

Aye Aye Mon

(Related FNA/Corp FNA)

Aye Aye Mon

(OS/AC/CM/NO/ABOII)

Aye Aye Mon

(ACCO/COO/ADMV/CN)

Expense for printing Social media