

GENERAL EXPENSE CLAIM FORM

BU/BR/DIV Name : PG 8U  
 Department Name : Rental

No.	Date	PIC Name	Description	Category (Customer (Or) Operation)	Cost (MMK)	Remark
1.	24.12.24	Yan Myo Aung	805 (5 of 60)	Operation	15000	
	~ 8.1.25					
		CYGN 40				
		Hpa-An				
Total General Expense					15000/-	

Requested by: *Kyad* Sign: *Kyad*  
 Approved by: *[Signature]* Sign: *[Signature]*  
 Checked by: *[Signature]* Sign: *[Signature]*  
 Name: *Kyad Sin Thuay* Name: *Aun We So* Name: *[Signature]* Name: *[Signature]*  
 (Requester) (Department Head) (Finance & Account) (OM/AGM/GM)

Approved by: \_\_\_\_\_ Sign: \_\_\_\_\_  
 Approved by: \_\_\_\_\_ Sign: \_\_\_\_\_  
 Approved by: \_\_\_\_\_ Sign: \_\_\_\_\_