



GENERAL EXPENSE CLAIM FORM



Company Name : - Chrysanthemum-wealth

Department Name : - Administration

No.	Date	Name	Description	Amount	Remark
1	6.5.25	Naw Phaw Moe	ဒုတိယ ဝတ်စုံ (1000x500)	50,000	
				7	
Total Amount				50000	

Request by: *[Signature]*
Name: Naw Phaw Moe (Requester)

Approved by: *[Signature]*
Name: Khaing Nyein Aye (Department Head)

Checked by: *[Signature]*
Name: Tin Nwe Htoo (Related FNA/Corp FNA)

Approved by: *[Signature]*
Name: Maeng Maeng (OM/AGM/GM/BOH)

Approved by: *[Signature]*
Name: Ko Aye Mee Htoon (ACOO/COO/MD/VCM)

02-BRM-FNA-FRM-007-01