



GENERAL EXPENSE CLAIM FORM

DIV/BR Name : TCL BR.

Department Name : Service

No.	Date	Name	Description	Amount	Remark
①	18/3/25	H.M.H	၀၀၀၀၅၀၉: ①	၇၈၀ B.	(New Young Job).
			Battery ၀၀:၀၉:	၇၅၀ B.	
Total Amount				၂၅၃၀ B.	၃၇၃၀၀ Ks (750 Rate)

Requested by

Approved by

Checked by

Approved by

Approved by

Sign :

Name :

[Signature]

Htay Min Hlaing

(Requester)

[Signature]

Soe Nyein

(Department Head)

[Signature]
18.3.25.

Cho Nwe Co

(Related FNA/Corp FNA)

[Signature]

Pezae Phya Thu Htay

(OM/AGM/GM/BOH/ABOH)

(ACOO/COO/MD/VCM)

Naing

04-CFD-TSU-FRM-001-00



