



GENERAL EXPENSE CLAIM FORM



BU/BR/DIV Name : AGS BU
 Department Name : Service

No.	Date	PIC Name	Description	Category (Customer (Or) Operation)	Cost (MMK)	Remark
1	24.1.25	Aung Myen Htin	Back Mirror	operation	80000	
Total General Expense					80000	

Requested by Approved by Checked by Approved by Approved by

Sign :  Sign :  Sign :  Sign :  Sign : 

Name : Aung Myen Htin Name : Aung Myen Htin Name : Ma Zan Ma Name : Ma Mang Ma Name : Ma Mang Ma

(Requester) (Department Head) (Finance & Account) (OM/AGM/GM) (ACOO/COO/MD/VCM)

02-ATT-FNA-FRM-002-01

08/02/2025
Aung Myen Htin

