

GENERAL EXPENSE CLAIM FORM

Company Name : U Min Zaw. 09.691540613, 9/Saka Na (H) 011230

Department Name : Service

No.	Date	Name	Description	Amount	Remark
1.	8.4.25	90344	Machine Delivery for	15000	Machine Delivery for
2.	25.4.25	90481	2x 210 LCH-5 ft x 2u#	15000	2x 210 LCH-5ft x 2u#
			90344, 90481		90344-Ca Name- U Aung
			(loading)		Kyi Phoe, 90481.
					Ca Name- U Min Zaw Co
					CNLR BR)-Machine
					loading
Total Amount				30,000	

Requested by

Approved by

Checked by

Approved by

Approved by

Sign :

Name : Tharada Soe
(Requester)

Sai Nan ko
(Department Head)

Tin Zaw Hlaing
(Related FNA/Corp FNA)

Aung Thaw Win
(OM/AGM/GM)

Aye Min Hbon
(ACOO/COO/MD/VCM)