



people origin
Company Name : **MAC**

GENERAL EXPENSE CLAIM FORM



Department Name : **Administration**

No.	Date	Name	Description	Amount	Remark
1.	20.1.25	Aung Thiha Myo	အလုပ်ခွင်	8,200/-	19.12.24-100% COF
			အလုပ်ခွင်	4,000/-	23.12.24-100% COF
			၃၆,၀၀၀	3,000/-	" "
Total Amount				10,200/-	

Request by: Sign :
 Name : **Aung Thiha Myo** (Requester)
 Approved by: Sign :
 Name : **Swe Swe Win** (Department Head)
 Checked by: Sign :
 Name : **Pyae Phyo Lin** (Related FNA/Corp FNA)
 Approved by: Sign :
 Name : **Seint Seint Thu** (OM/AGM/GM/BOH)
 Approved by: Sign :
 Name : **Seint Seint Thu** (ACOO/COO/MD/VCMD)
 Reference: 02-BCU-FNA-FRM-002-01



people origin
Company Name : **MAC**

GENERAL EXPENSE CLAIM FORM



Department Name : **Administration**

No.	Date	Name	Description	Amount	Remark
1.	20. Jan. 25	Aceng Thiha myo	ခရက်ဒစ် ချိန်	3,000/-	9.12.24 ဂရုစိုက်မှု ဝယ်ယူမှု
			ခရက်ဒစ်	1,000/-	" "
			ဒီဇယ်	2,500/-	" "
			ချိန် ချိန်	6,000/-	" "
			ကျွေးမွေးရေး ခရက်ဒစ် - 11000	22,000/-	10.12.24 ဂရုစိုက်မှု ဝယ်ယူမှု
Total Amount				34,500/-	

Request by: **Aceng Thiha myo** (Requester)
 Approved by: **Swe Win** (Department Head)
 Checked by: **Pyae Phyo Tin** (Related FNA/Corp FNA)
 Approved by: **Seint Thu** (OM/AGM/GM/BOH)
 Approved by: _____ (ACOO/COO/MD/VCMD)

02-BCU-FNA-FRM-002-01