



# GENERAL EXPENSE CLAIM FORM



Company Name : TS BU

Department Name : Sale and Marketing

No.	Date	Name	Description	Amount	Remark
1.	25.9.24	Thiri Soe	Cycle packing sponge msm group (25) pcs	4000/-	
Total Amount				4000/-	Ks

Requested by

Sign :

Name :

(Requester)

Approved by

Zami Idin

(Department Head)

Checked by

25.9.24

(Related FNA/Corp FNA)

Approved by

(OM/AGM/GM)

Approved by

(ACOO/COO/MD/VCM)

02-BMC-FNA-FRM-002-00

