


GENERAL EXPENSE CLAIM FORM

Company Name : - Chrysanthemum-wealth

Department Name : - Administration

No.	Date	Name	Description	Amount	Remark
1	17.5.25	Naw Phaw Mae	ပျက် ပျက် စာတမ်းရောင်း (1000x50)	50000/-	
				7	
Total Amount					50000/-

Request by	Approved by	Checked by	Approved by	Approved by
Sign : 				
Name : Naw Phaw Mae (Requester)	Khairing Nyein Aye (Department Head)	Tin Nwee Htoo (Related FNA/Corp FNA)	Maeng Maeng (OM/AGM/GM/BOH)	Yo Aye Min Htoon (ACOO/COO/MD/VCM)

02-BRM-FNA-FRM-007-01

