



GENERAL EXPENSE CLAIM FORM



Company Name : - Charyarthhericum wealth

Department Name : - Administration

No.	Date	Name	Description	Amount	Remark
1	9.5.25	Nava Praso Mee	Dog Food For Remon (1500x4x31)	186000	
			Dog Food For Shadivi (1500x4x31)	186000	
			Dog Food For Rezon (1500x2x31)	93000	
Total Amount				465000	

Request by _____ Approved by _____ Checked by _____ Approved by _____ Approved by _____

Sign :

Name : Nava Praso Mee (Requester) Kbing Nyein Aye (Department Head) Tin Aabe Htoo (Related FNA/Corp FNA) Maeng Maeng (OM/AGM/GM/BOH) Wo Aye Min Htoo (ACOO/COO/MD/VCM)