



GENERAL EXPENSE CLAIM FORM



BU/BR/DIV Name : JSBU (mc expense)

Department Name : Administration

No.	Date	PIC Name	Description	Category (Customer (Or) Operation)	Cost (MMK)	Remark
1.	27.8.24	Min Thet Iya Zin	YCDC charges	operation	80000	Not have Voucher
Total General Expense					80,000	

Requested by	Approved by	Checked by	Approved by	Approved by
Sign :	Sign :	Sign :	Sign :	Sign :
Name : Min Thet Iya Zin	Name : Thae Nu Aun	Name :	Name :	Name :
(Requester)	(Department Head)	(Finance & Account)	(OM/AGM/GM)	(ACOO/COO/MD/VCM)

02-MC-FNA-FRM-002-01

