



GENERAL EXPENSE CLAIM FORM



Company Name : Redplus Aetlo
 Department Name : Sale & Marketing

No.	Date	Name	Description	Amount	Remark
1.	26.3.25	7F/8232	Car polish Charger	10000	
				7	
Total Amount				10000	

Requested by
 Sign :
 Name : Tin Myo Aue
 (Requester)

Approved by

 (Department Head)

Checked by

 Min Nu Shwe
 (Related FNA/Corp FNA)

Approved by

 (OM/AGM/GM)

Approved by

 25/04/2025
 ACOO/COO/MD/VCM