





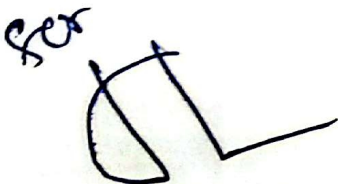
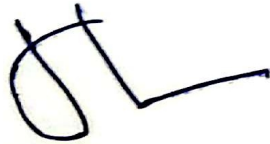
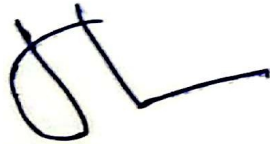


## GENERAL EXPENSE CLAIM FORM

Company Name : Common Purpose G.Hd.

Department Name : Administration.

No.	Date	Name	Description	Amount	Remark
1	9-7-25	ET ET NARNO	කෆුරු	2500	
2	"	"	වාර්ග	3500	
3	"	"	විදුලි මිල 5 වැනි	10000	
4	"	"	තැන්පත්	3000	
<b>Total Amount</b>				<b>19000</b>	

	<b>Requested by</b>	<b>Approved by</b>	<b>Checked by</b>	<b>Approved by</b>	<b>Approved by</b>
Sign :					
Name :	ET ET NARNO <small>(Requester)</small>	Moe Pramin <small>(Department Head)</small>	Berq The CPA <small>(Related FNA/Corp FNA)</small>	Berq The CPA <small>(OM/AGM/GM)</small>	 <small>(ACOO/COO/MD/VCM)</small>









