



GENERAL EXPENSE CLAIM FORM



Company Name : - Chrysanthemum Wealth

Department Name : - Administration

No.	Date	Name	Description	Amount	Remark
1	14.7.25	Naw Phaw Moe	Dog Food For Reman	418500	
			Recon	7	
			Shankee		
			$(7500 \times 9 = 13500 \times 81 = 418500)$		
Total Amount				418500	

Request by

Approved by

Checked by

Approved by

Approved by

Sign :

Name : Naw Phaw Moe

(Requester)

(Department Head)

(Related FNA/Corp FNA)

(OM/AGM/GM/BOH)

(ACOO/COO/MD/VCM)

02-BRM-FNA-FRM-007-01