



GENERAL EXPENSE CLAIM FORM



Company Name : IS

Department Name : Administration

| No. | Date | Name | Description | Amount | Remark |
|--------------|-----------|------------|---------------------------|---------|--------|
| 1. | 4.10.2024 | Thi n' Soe | GH / 2009 22: 10 / 602209 | 5,000/- | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Amount | | | | 5,000/- | |

Requested by

Approved by

Checked by

Approved by

Approved by

Sign :

Name : Thi n' Soe
(Requester)

(Department Head)

(Related FNA/Corp FNA)
Zin Ko Hwe

(OM/AGM/GM) *CHK.*

(ACOO/COO/MD/VCM)

Pyo Ko Ko (OM)

02-BMC-FNA-FRM-002-00

