



# GENERAL EXPENSE CLAIM FORM



Company Name : - Chrysanthemum-wealth

Department Name : - Administration

No.	Date	Name	Description	Amount	Remark
1	2.6.25	Nawo Phaw Moe	၀၀၀၀၀၀၀၀ (၁၀၀၀x၅၀)	50,000	Person, Person
				7	
Total Amount				50,000	

Request by: *[Signature]*  
 Name: Nawo Phaw Moe (Requester)

Approved by: Khing Ngain Aye (Department Head)

Checked by: Tin Nwe Htoo (Related FNA/Corp FNA)

Approved by: Maeng Maeng (OM/AGM/GM/BOH)

Approved by: Ko Aye Min Htoo (ACOO/COO/MD/VCM)

02-BRM-FNA-FRM-007-01

