



GENERAL EXPENSE CLAIM FORM

DIV/ BR Name : C & C BU

Department Name : Administration

No.	Date	Name	Description	Amount	Remark
1	4.12.24	Manigold	Water bottle (30 qty)	270081-	
Total Amount				270081-	

Sign : *Minna*

Name : *Hnin Thant Co Zarni Aung*
(Requester) (Department Head)

Hnin Na Shwe
(Related FNA/Corp FNA)

Zarni Aung
(OM/MAGM/GM/BOH/ABOH)

Zaw Min Myat
(ACOO/COO/MD/VCN)

Requested by

Approved by

Checked by

Approved by

Approved by

04-CFD-TSU-FRM-001-00

