



GENERAL EXPENSE CLAIM FORM



BU/BR/DIV Name : *MC BU*

Department Name : *Administration*

No.	Date	PIC Name	Description	Category (Customer (Or) Operation)	Cost (MMK)	Remark
1	3.6.24	Thae Nu khae	ရက်ပေါ် ၁ နံရံပြန်လှည့်	operation	12500	True 24
2	10.6.24	Thae Nu khae	ရက်ပေါ် ၁ နံရံပြန်လှည့်	operation	13500	True 24
3	17.6.24	Thae Nu khae	ရက်ပေါ် ၁ နံရံပြန်လှည့်	operation	11,000	True 24
4	24.6.24	Thae Nu khae	ရက်ပေါ် ၁ နံရံပြန်လှည့်	operation	13500	True 24
Total General Expense					50500	

Requested by

Sign : *[Signature]*

Name : *Thae Nu khae*
(Requester)

Approved by

Sign : *[Signature]*

Name : *Thae Nu khae*
(Department Head)

Checked by

Sign : *[Signature]*

Name : *Zu ko Hla*
(Finance & Account)

Approved by

Sign : *[Signature]*

Name : *[Signature]*
(OM/AGM/GM)

Approved by

Sign : *[Signature]*

Name : *[Signature]*
(ACOO/COO/MD/VCM)

02-MC-FNA-FRM-002-01