







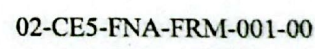
## GENERAL EXPENSE CLAIM FORM

Company Name : Mandalay Resources Co. Ltd.

Department Name : Administration

No.	Date	Name	Description	Amount	Remark
1	2.5.2025	Ei Ei Naing	ကြက်သား (6ခွက်)	14,000	တစ်ပတ်စာ
2	7.5.2025	"	စာအုပ်	12,000	1200 x 10
Total Amount				26,000	

NO VY  
VYU

	<b>Requested by</b>	<b>Approved by</b>	<b>Checked by</b>	<b>Approved by</b>	<b>Approved by</b>
Sign :					
Name :	<u>Ei Ei Naing</u> (Requester)	<u>Uoe Chasm</u> (Department Head)	<u>(Related FNA/Corp FNA)</u>	<u>Uoe Chasm</u> (OMA/GM/GM)	<u>02-CE5-FNA-FRM-001-00</u> (ACOO/COO/MD/VCM)

