



GENERAL EXPENSE CLAIM FORM


DIV/ BR Name : GSK BR


Department Name : ADM


No	Date	Name	Description	Amount	Remark
1.	26.6.75	Pin Su Hwe	6220560 (3 x 1000)	3000/-	09-413015622
			office ph bill	3000/-	
Total Amount				6000/-	

Requested:   
 Name: Pin Su Hwe (Requestor)

Approved by:   
 (Department Head)

Checked by:   
 (Related FNA/Corp FNA)  
 Ni Ni Soe

Approved by:   
 (OM/AGM/GM/BOE/ABOI)  
 Chee Nwe Ang

Approved by:   
 (ACCO/COOSID/VCND)

04-CFD-TSU-FRM-001-00

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