



# GENERAL EXPENSE CLAIM FORM



people origin

Company Name : **MAC**

Department Name : **Administration**

No.	Date	Name	Description	Amount	Remark
1.	15.12.24	Aung Thaha mye	အရက်: ၄၇၀	4,000/-	26.11.24
			၅၆,၀၀၀	2,၅၀၀/-	" "
			၂၀၀၀	1,၅၀၀/-	" "
			၆၇၀၀၀ အ: (၂၀) ၁၅၇: -11၀၀	22,၀၀၀/-	27.11.24
			၁၁၅၇၀၀	3,2၀၀/-	28.11.24
<b>Total Amount</b>				<b>33,200/-</b>	

Request by

Approved by

Checked by

Approved by

Approved by

Sign :

**Pgae Mye Zin**  
(Related FNA/Corp FNA)

**Seint Thu**  
(OM/AGM/GM/BOH)

Name :

**Aung Thaha mye**  
(Requester)

**Swe Win**  
(Department Head)

(ACOO/COO/MD/VCMD)  
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