



GENERAL EXPENSE CLAIM FORM



Company Name : ISBU (MC expense)

Department Name : Administration

No.	Date	Name	Description	Amount	Remark
1.	23.10.24	Min Thel Myaw Zin	Dogs food for Oct'24	85,000	Uber (pet: wpt)
Total Amount					

Requested by

Approved by

Checked by

Approved by

Approved by

Sign :

Name : Min Thel Myaw Zin
(Requester)

Thee Aun Aun
(Department Head)

Min Thel Myaw Zin
(Related FNA/Corp FNA)

Chit San Lee
(OM/AGM/GM)

(ACOO/COO/MD/VCM)

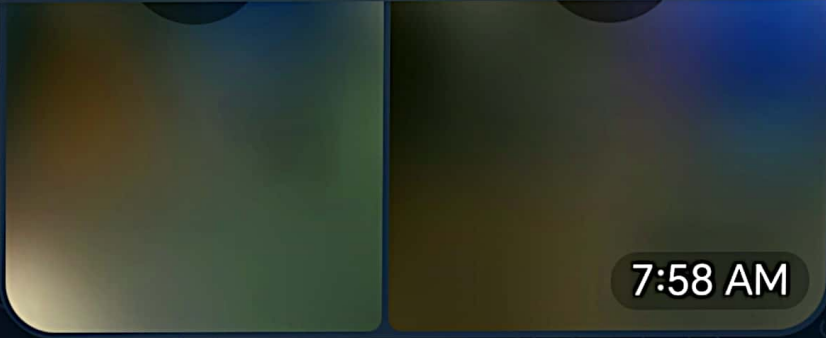
23.10.24

02-BMC-FNA-FRM-002-00



UD Compound Security

10 members



7:58 AM

U Tin Swe U Tin Swe

15/10/24UD

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9:11 AM



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