



# GENERAL EXPENSE CLAIM FORM



Company Name : - Chrysanthemum Health

Department Name : - Administration

No.	Date	Name	Description	Amount	Remark
1	17.8.25	Naw Phaw Moe	ကောက် ခြေပုံ: ငှက် စာပေးကတ် ကိုင်စေ မူဝါဒ ရှင်းလင်းခြင်း လက်ခံ	100,000	
Total Amount				100,000/-	

Request by: *Sign*  
 Name: Naw Phaw Moe (Requester)  
 Approved by: Khaing Nyein Aye (Department Head)  
 Checked by: Tin Nwe Htoo (Related FNA/Corp FNA)  
 Approved by: Maung Maung (OM/AGM/GM/BOH)  
 Approved by: (ACOO/COO/MD/VCM)

*Signature*  
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02-BRM-FNA-FRM-007-01